MALTREATMENT INVESTIGATIONS
SOME BASIC QUESTIONS AND ANSWERS

One bright and sunny day you get a knock on your door. It is a Department of Human Services vulnerable adult maltreatment investigator who explains that they are following up on an issue and need to come in.

What do you do?
Though your first impulse might be to shut the door and draw the drapes, don’t do that. If they are there at your door, do let them in. If they are on the phone, schedule an appointment. They are not coming to shut you down right then and there. That is not their job. They are there to investigate.

What will happen if I just refuse to let them into my home?
Refusing to let them in the home is actually cause to immediately suspend or revoke your license. So, please let them in to do their job. It is important to remember that they are not out to get you. Their job is to gather all the information they can and to make a determination based on that information. You do have certain rights regarding the investigation and will be given information on this by the investigator.

What does the investigation involve?
They will interview you and everyone involved in the incident they are investigating. They may talk to case managers, doctors, community persons, law enforcement, and anyone else they believe might have information related to the maltreatment allegation. They will review all your documentation and resident paperwork. They have the right to this information. You do not need to be concerned about client confidentiality. They can copy, photograph, and video record.

Is there some form or something I need to fill out?
You will need to complete an incident report and an internal review (refer to your internal vulnerable adult maltreatment reporting procedure). You can contact your licensor for copies of these forms. You must keep copies of these on file and have them available for the investigator and your licensor.

Should I call my licensor?
Your licensor may or may not be aware of the investigation. You can call your licensor but they can’t offer you any advice on the investigation. They can just listen or answer questions related to the investigation process.

Will there be other people involved in the investigation?
On occasion a law enforcement officer may come with the investigator if there is an allegation that a crime has been committed, such as sexual assault or theft. The licensor may come with the investigator if there are issues related to adult foster care rule violations.

What do I have to tell them?
Again, you have certain rights regarding the investigation which will be explained to you by the investigator. If you provide false or misleading information during the course of an investigation you can face license suspension, revocation, or fines. Covering up information will just make the matter worse. Washington County has and will continue to recommend revocations, suspensions, and fines for providers offering false or misleading information during an investigation.
How long does the investigation take?
They work on the investigation until they believe they have gathered all the information. They will write up a report within 60 days. However, if they are still attempting to get information, they will continue the investigation past the 60 days. This is likely to occur when there is also a criminal investigation. They will wait until that investigation is completed to finish their report. However, typically they are able to complete their investigation in 30 to 60 days.

What happens after they get all the information and finish the interviews?
A team of investigators reviews the information. They will either determine that the allegation was false, inconclusive (which means there was some information to support the claim but not a preponderance of evidence), or substantiated (meaning there was a preponderance of evidence that the allegation occurred). The investigator has 60 days to write up a detailed report. They will send you a copy of the notice as well as post it online on Licensing Lookup.

What happens if the allegation is determined to be false or inconclusive?
Generally, nothing happens when there is a false allegation or inconclusive determination. There may be some licensing violations or recommendations made by the investigator or your licensor.

What happens if the claim is substantiated?
If the allegation involves serious or recurring maltreatment being committed by the license holder then DHS will issue a revocation. If the maltreatment is not considered serious or recurring, DHS may issue a fine. You will have appeal rights which will be spelled out in the notice. If the maltreatment involves a substitute caregiver there may not be consequences to you as the licensor holder.

How do I avoid getting an allegation?
There is no one thing to do or say to avoid or prevent an allegation being made. You should always make sure that you are following all the adult foster care rules and regulations. Make sure you train all your staff and document that training. Have all your documentation in good order. If you are having issues or conflicts with a resident, you should be in contact with their social worker or care coordinator or your licensor about how to address the issues. Make sure you are documenting issues that are coming up and how you are addressing them.

Is there anything I should not do?
As mentioned before, do not provide false or misleading information to the investigator or your licensor. They will uncover the lie which will just make matters worse.

SAVE THE DATE:
2018 FOSTER CARE RECOGNITION EVENING
Thurs., May 17, 2018 • 6:00 p.m. • Lake Elmo Event Center

This special evening celebrates, acknowledges, and thanks the licensed foster care providers who care for our children and vulnerable adults. This is a night for you to dress up (business casual), leave the kids at home, and enjoy! We hope to see as many licensed providers as possible. There will be delicious food, door prizes, awards, and an opportunity to socialize and enjoy the evening.

SERVICE TERMINATION POLICY FOR ELDERLY WAIVER

Providers must follow the policy they submitted during their attestation regarding service termination for elderly waiver recipients. Before you give notice you must try to minimize or eliminate the need for termination by consulting with the person’s care team including the case manager, family, guardian, etc. You need to document this attempt.

This policy requires that you can only terminate for the following reasons:

1. The termination is necessary for the person’s welfare and the person’s needs cannot be met in the facility;
2. The safety of the person or others in the program is endangered and positive support strategies were attempted and failed;
3. The health, safety, and well-being of the person or others in the program would otherwise be endangered;
4. The program has not been paid for services;
5. The program ceases to operate; or
6. The person has been terminated from waiver eligibility.

Failure to follow this could result in a negative licensing action.
Adult Foster Care Providers Needed!

When life gets difficult... can you help? As a Washington County Adult Foster Care provider, you can make a difference in the lives of adults with a mental health diagnosis who are unable to live independently. Many choose to live in a family setting and simply need the support and stability of foster care to manage the demands of everyday life.

Who needs care?
- Over 18 years old
- Individuals with a mental health diagnosis
- Need a safe, caring environment
- May be involved in programs during the day such as school, work, or organized day program
- May stay with you for a long time, but most are short-term

What is adult foster care?
Licensed individuals or families provide adult foster care in their own home. The adults in care need a safe and supportive environment in which to thrive and learn independent living skills.

Please pass the word on so we can keep adults in local foster homes.

OUR NEXT ADULT FOSTER CARE INFORMATIONAL MEETING:
Mon., February 5
6:00-8:00 p.m.
Government Center
14949 62nd St. N.
Stillwater

For more information call 651-430-6455.

CERTIFICATE OF RENT PAID FOR ADULT FOSTER CARE

All adult foster care providers must provide a Certificate of Rent Paid (CRP) to each person who resided in the home in the past year. You must give each eligible resident who lived in the home in 2017 a CRP by January 31, 2018. Residents need the CRP to apply for their renter’s refund.

If a resident receives only income from SSI or MSA they are not eligible for a renter’s refund. You don’t need to issue them a CRP. You will be able to obtain a CRP and the instructions for 2017 off the Minnesota Department of Revenue’s website.

DELAY OF TREATMENT

Adapted from the Office of Ombudsman for Mental Health and Developmental Disabilities regarding delay of treatment for individuals in facilities.

"A death of a person receiving services that may be related to a delay or failure to diagnose and/or treat in a timely manner" is a trigger for review by the Ombudsman’s Medical Review Subcommittee. Every year a number of deaths meets this indicator. Most often, a client is recognized to have a “cold” or “upper respiratory infection,” and over-the-counter or “standing order” medications are administered to treat signs of illness.

- Sometimes the client is treated with alternating doses of both Tylenol (acetaminophen) and Motrin (ibuprofen) for a number of days before the client’s primary medical provider is contacted by residential staff.
- Sometimes, the client is seen by his or her primary health care provider and is sent home with a prescription for antibiotics and an order to return to the clinic if the symptoms persist, only to die within hours or a few days of the clinic visit.
- Sometimes obviously ill clients are sent to their day programs, and day program staff contact the residential staff for advice or call 911.
- Sometimes staff recognize a serious problem with a client and attempt to transport the client to the emergency room in a facility vehicle without calling 911. Sometimes those clients are pronounced dead on arrival (DOA) at the emergency room.

The American Heart Association advises the following:
Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too. It is best to call EMS for rapid transport to the emergency room.

Occasionally, we will see a case in which providers have carefully documented the client’s decline, but do not call 911 until the client stops breathing. This office recommends that residential staff be trained to recognize breathing problems. Remember very loud irregular snoring breaths, gasping, apnea (breathing that slows down or stops from any cause), and agonal respirations (defined as irregular, gasping breaths often seen during cardiac arrest), do not provide adequate oxygen to the body and should be considered the same as no breathing at all.

Residential staff should be trained to monitor clients for changes in their health. Many facilities have staff who are trained to obtain the client’s “Vital Signs” before calling a nurse or the client’s primary health care provider. Other residential facilities rely on staff knowing when to transport the client to his or her primary health care provider or to Urgent Care for a professional medical assessment.

Case Example: One day after receiving a flu shot, a client with a mental illness, who was receiving services in a state operated facility, developed a fever. The nursing staff, by phone, because it was the...
weekend, obtained a physician’s order for aspirin and frequently assessed the client. He died Sunday evening after a cardiac arrest caused by severe pneumonia.

**MRS Recommendation for Case:** When your client has a change in physical health, do not delay a face-to-face assessment by a qualified professional. It’s easy to think that the client will “get better by morning or by Monday,” and sometimes it seems that staff are unofficially discouraged from calling the medical provider or on-call supervisor late at night or on the weekend. Please don’t make that mistake with your client.

**Bottom Line:** There is no substitute for caring, well trained, and well-supported front line staff. You are the first to see a change in your client’s behavior. Your attention to your client, your recognition of a change, and your early call for help just may save your client’s life.

Please refer to the following Alert on the Ombudsman’s website: [Use of over-the-counter medications and possible delay of treatment](https://inmarmarketaction.com/kidde/Kidde284US).

**FIRE EXTINGUISHER RECALL**

Two styles of Kidde disposable fire extinguishers have been recalled due to failure to discharge and the nozzle becoming detached. The affected fire extinguishers can become clogged or require excessive force to discharge.

The recall involves only models with plastic handles or push buttons. It does not include units with metal handles/valve assemblies. The recall involves 134 models of Kidde fire extinguishers manufactured between Jan. 1, 1973 and Aug. 15, 2017, including models that were previously recalled in March 2009 and February 2015.

To help identify affected models and view instructions on how to replace recalled units, visit: [https://inmarmarketaction.com/kidde/Kidde284US](https://inmarmarketaction.com/kidde/Kidde284US).

If the fire extinguisher in your home is one of the affected models, please replace it.

**ADULT FOSTER CARE PROVIDER TRAINING GROUP**

Trainings are held at the Government Center in Stillwater unless noted differently.

**Lutheran Social Services Voice to Choice**

Guardianship, Conservatorship, Power of Attorney, Pooled Trust, and Health Care Directives.

**Date:** Tues., January 23 • 6:00-8:30 p.m.

Future topics:
- Washington County Adult Protection - Financial Exploitation • Tues., March 27
- Washington County Narcotics Unit - topic to be determined • Tues., May 22
- Tentative: It’s Not Client Behavior, It’s Human Behavior • Tues., July 24
- VA Mandated Reporter • Tues., September 25