

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Summary of Investigation

COMMUNITY PROVIDER

Case Number: E1609032 **Waiver:** Main Waiver **DIDD Investigator:** James White

Agency Responsible: Orange Grove Center (OGC)

Date: 10/3/2016

I. Initial Allegation(s):

It was reported that staff Tameria D. hit the person supported on the back of the neck because he was trying to hit another person supported. The person supported had no visible injuries and did not require any medical attention. The agency was instructed to place anyone who is implicated in allegations of physical or sexual abuse on administrative leave, and was advised to contact APS. Based on the information provided, DIDD will investigate this allegation of abuse.

Investigative Note: During the course of the investigation it was discovered that an identified staff failed to report suspected physical abuse in a timely manner.

II. Conclusion(s):

There is not a preponderance of evidence to support the allegation that House Manager Tameria Davis hit the person supported on his neck on 9/21/16. This is not substantiated.

There is a preponderance of evidence to support an allegation of neglect by staff Kimberly Spivey, who failed to report suspected physical abuse for four days. If the allegation had been true, Spivey would have allowed a person to be subjected to continued abuse by not reporting in a timely manner, placing them at risk of harm. This is substantiated for neglect.

The conclusion(s) is based on the authority of the DIDD Provider Manual, Chapter 7, for Community Providers or Private ICFs/IID.

III. Community Providers and Private ICFs/IID:

- A. For **substantiated** investigations, the Provider or Private ICF/IID is required to develop a response and plan of correction.
 1. As relevant to the incident investigated, a plan of correction shall address the following:
 - a. What was done to safeguard the person;
 - b. What procedures, if any, have been developed and implemented for protecting people from risk of further abuse, neglect and/or exploitation; and

- c. If the incident was not reported to DIDD in a timely manner (as noted in the final investigation report, section IV. B.), what has been done to address late reporting.
 - 2. The response to substantiated investigations shall consist of:
 - a. The Plan of Correction;
 - b. Verification of any staff disciplinary actions;
 - c. Verification that within fifteen (15) days of receipt of the report the staff person(s) investigated was notified of the outcome of the investigation; and
 - d. A response to any Incidental Findings noted by the Investigator.
 - 3. The Provider or Private ICF/IID is required to submit the response and plan of correction to the Regional Office within fourteen (14) calendar days from receipt of this report. It is recommended that the response be emailed to DIDDINVPOC.East@tn.gov.
- B. For **unsubstantiated** investigations, it is recommended that the Provider or Private ICF/IID develop a response (do not submit to DIDD) to include:
- 1. Verification that within fifteen (15) days of receipt of the report the staff person(s) investigated was notified of the outcome of the investigation;
 - 2. If the incident was not reported to DIDD in a timely manner (as noted in this final investigation report, section IV.B.), what has been done to address late reporting; and
 - 3. Verification that all Incidental Findings noted by the Investigator were addressed.

IV. DIDD ICFs/IID:

- A. The Administrator shall review the investigation report and will develop a written corrective action plan. The plan shall be submitted to the Regional Office, the Deputy Commissioner of Operations and the Commissioner within fourteen (14) calendar days of receipt of the report.
- B. The corrective action plan shall address the information contained in the report and shall also include the following:
 - 1. Corrective and preventative actions that have been or will be implemented, including any disciplinary actions;
 - 2. The timeframe or target date for full implementation of the corrective and preventative actions;
 - 3. Description of individualized supports that have been provided or offered to assist the person supported in coping with the event; and
 - 4. A response to any Incidental Findings noted by the investigator.
- C. It is recommended that the Administrator email the corrective action plan to DIDDINVPOC.East@tn.gov.

V. Incidental Findings:

During the course of this investigation, it was noted:

- There were no notes from the day program received from 9/14/16 through 9/23/16. The notes for 9/21/16 did not reflect the incident that was described by staff in their written statement.

Per the DIDD Provider Manual, Chapter 7, 7.4.8.b, for Community Providers and Private ICF/IID or the Protection from Harm ICFs/IID Policy 100.1.1., VI.K.8 for DIDD ICF/IID Facilities, the summary of this investigation should be discussed with the person(s) supported within fifteen (15) business days of the receipt of the report. If a legal representative has been appointed, that person should be invited to participate in this discussion. The space below has been provided for your convenience as a means by which for you to document the fulfillment of this requirement.

Person Supported or Legal Representative:

Signature

Date & Time

Printed Name

Witness:

Signature

Date & Time

Printed Name