

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Summary of Investigation

COMMUNITY PROVIDER

Case Number: E1703026 **Waiver:** Private ICF/IID **DIDD Investigator:** Jason Foutch

Agency Responsible: Orange Grove Center

Date: 4/11/2017

I. Initial Allegation(s):

“It was reported that staff D [REDACTED] J. was working with the person supported in the community when the person supported began having a challenging behavior, pushing on staff. D [REDACTED] asked person supported to place his hands in his pockets; he did not. Staff attempted to place his hands in his pockets. When the person supported did not comply with staff’s request, staff took him out of the store by the back of the shirt. Person supported did not have any injuries. The agency was instructed to place anyone who is implicated in allegations of physical or sexual abuse on administrative leave. APS was notified. Based on the information provided, DIDD will investigate the allegation of abuse.”

II. Conclusion(s):

The preponderance of the evidence does support an allegation that staff member D [REDACTED] J. physically abused the person supported by punching him in the lower back and by grabbing the person supported by the back of the shirt. This is substantiated for physical abuse.

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:

- None noted.

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