

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY #	REVISED	TITLE	EFFECTIVE DATE	PAGE
44 - 1	10/01/2024	Prevention, Recognition and Reporting of an Incident and/or Serious Occurrence of Mistreatment of Individuals Receiving Services	Upon Approval	1 of 15

POLICY

Nevada Aging and Disability Services Division (ADSD) Developmental Services (DS) Regional Centers expressly prohibits the mistreatment of individuals receiving services. Mistreatment includes but is not limited to abuse (e.g., sexual, physical, verbal, mental, excessive force, restraint, aversive interventions) abandonment, exploitation, isolation, neglect, and serious injury of unknown origin of any individual receiving services.

It is the policy of DS Regional Centers that all incidents or serious occurrences be reported as indicated in this policy.

PURPOSE

The purpose of this policy is to establish expectations for prevention, recognition and reporting of incidents and serious occurrences for DS Regional Center staff, and contracted community providers. This policy provides prevention and recognition strategies, procedures for reporting, acting upon, and investigating allegations of mistreatment of individuals receiving services. The policy establishes procedures for the prompt discovery and reporting of incidents and serious occurrences; an immediate response in implementing appropriate measures to remediate, rectify and minimize the risk of future incidents; and a system for tracking and trending incidents.

For the purpose of this policy, all reportable events will be categorized as either "incidents" or "serious occurrences". To promote and monitor the health and safety of individuals served, reporting of incidents and/or serious occurrences must be completed via the Incident Management System.

All contracted community providers are required to be knowledgeable and adhere to this policy.

REFERENCES

[42 CFR 483.420\(c\)\(6\)-\(d\)\(4\)](#)

[NAC 435](#)

[NAC 449](#)

[MEDICAID SERVICES MANUAL CHAPTER 2100](#)

[NRS 200.5092](#)

[NRS 200.5093](#)

[NRS 433](#)

[NRS 435](#)

[ADSD Policy 39-1](#)

[ADSD Policy 39-2](#)

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DEFINITIONS

Abuse: Any willful and unjustified infliction of pain, injury, or mental anguish upon an individual. This includes but is not limited to:

- **Sexual Abuse:** The rape, sexual assault, or sexual exploitation of an individual served by DS Regional Centers. Examples include, but are not limited to sexual molestation; attempts to engage a person in sexual conduct; sexual touching or fondling; encouraging an individual served to sexually touch a staff, a peer, other person, or themselves; encouraging an individual to solicit for, or engage in, prostitution; exposing ones sexual parts to an individual served; encouraging an individual served to expose their sexual parts to a staff, a peer, or other person; encouraging the viewing of obscene or pornographic material; using sexually degrading language or gestures toward an individual served.
- **Physical Abuse:** Any act that intentionally causes physical pain, discomfort, or injury to the individual, whether or not the action results in observable injury. Examples include but are not limited to slapping, hitting, pinching, punching, kicking, pushing, shoving, scratching, bruising, cutting, burning, hair pulling, and/or use of arm bars or other holds to inflict pain and unnecessary physical coercion of an individual.
- **Verbal or Mental Abuse:** Verbal or mental intimidation or coercion of an individual. This includes but is not limited to, actions or utterances which cause mental/emotional/psychological distress, such as threatening an individual served with any kind of harm or with deprivation of any right, privilege, or benefit; sexual coercion; making hostile, offensive or obscene gestures to the individual served; name calling, cursing, mocking, ridiculing, taunting; any action, word or gesture that frightens, humiliates, harasses, intimidates, threatens, or insults the individual (whether or not the individual understands the meaning of the words, gestures, or actions). Any use of language (oral, written, gestures) that is obscene or profane.
- **Excessive Force:** Unnecessary, unwarranted and/or unapproved technique, when placing an individual in physical restraint or in seclusion.
- **Restraint:** The use of physical, mechanical, or chemical restraints in violation of State or Federal law.
- **Aversive Interventions:** Interventions used to punish an individual for purposes of eliminating, reducing or discouraging socially inappropriate or harmful behavior. This includes, but is not limited to use of noxious odors or tastes; blasts of air; corporal punishment; verbal and mental abuse; use of electric shock; requiring the person to perform exercise under forced conditions; any intervention, technique or procedure that deprives an individual of the use of one or more senses regardless of the length of deprivation, including, without limitation, the use of sensory screens; and the deprivation of necessities needed to sustain the health of an individual regardless of the length of the deprivation, including, without limitation, the denial or unreasonable delay in the provision of medication, healthcare treatment, food or liquid, at a time that it is customarily provided.

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Abandonment: Any act of desertion of an individual in an unsafe manner or withdrawal of necessary assistance owed to an individual, by a person with a legal duty or obligation to provide care, support, or services. This includes but is not limited to leaving an individual who requires staff supervision alone at home, work, in a vehicle or at a community location which places them in an unsafe situation (e.g., left to sit in a van when the temperature outside is 100 degrees).

Exploitation: Any selfish or unethical act of using the individual, or their possessions, property, or money, for personal gain or advantage. This includes, but is not limited to: borrowing an individual's money; using a social security number to obtain a benefit or other financial gain for a person other than the individual served; accepting or coercing gifts from individuals; taking an individual's medication; having individuals do work (e.g., wash car) with or without compensation; having individuals pay for items and activities that are for the benefit of staff; abuse/improper use of individuals' social security funds or other funds in the person's trust account; and misuse of an individual's Medicaid or other health insurance benefits.

Isolation: Any act that willfully, maliciously, and intentionally prevents an individual from having contact with friends, family, and associates by restricting or preventing visitation, phone calls, and any other form of contact and communication.

Neglect: Any act, or omission to act, which causes injury or mental anguish, or which places the individual at risk of injury whether due to indifference, carelessness, or intention. This includes, but is not limited to: failure to provide the degree of care or other service to an individual served that a person is legally required or contractually obligated to provide; failure to establish or carry out an appropriate plan of treatment in which the individual has consented; failure to provide adequate nutrition, hydration, clothing, personal hygiene, shelter, supervision, education, or appropriate and timely health/medical care, including treatment and medication; failure to provide a safe environment; failure to respond to aggression between individuals served, or to individuals engaging in self-abusive behavior; failure to act to prevent another person from abusing or neglecting an individual served; failure to follow the policies of ASD and DS Regional Centers for the care and treatment of individuals.

Serious Injury of Unknown Origin: Injuries which are suspicious based on the nature or circumstance of the injury that cannot be correlated to the functional or medical status of the individual. This includes, but is not limited to: a series or pattern of injury such as bruising or scratching; unusual bruising or marks such as on inner thighs and inner arms, clustered bruises, bruises/marks shaped similarly to objects or finger/hand prints; bruising or marks that do not match details of the reported accident/incident; burns or friction burns; bite marks; bone breaks, fractures, or sprains.

Denial of Rights (DOR) Form: Method to document the denial of rights to an individual served.

Five (5) Business Days: Is described as Monday through Friday, excluding State and Federal holidays.

Incident: Any actual or alleged event that compromises the health, safety, or welfare of an individual served by DS Regional Centers.

Incident Management System: The web-based application used by DS Regional Centers to record, track, trend, and ensure appropriate follow-ups for all reportable events.

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Incident Record: The record in the Incident Management System that contains all documentation related to a reportable incident.

Incident Report: The method used to document a reportable incident which is recorded within the Incident Record.

Individual Served: Any person who receives services from ADSD, DS Regional Centers.

Non-Participant Witness: Any person other than the participant who witnesses and was not involved in the incident or serious occurrence.

Participant: For the purposes of an Incident Record, a participant is the individual(s) served by DS Regional Centers.

Restraint and Denial (RAD) Form: The method used to document the use of restraint/crisis intervention involving the physical means to limit an individual's ability to physically move with free will.

Reportable Event: Events that are reportable and are identified as either an incident or a serious occurrence.

Serious Occurrence: Any actual or alleged event or situation that relates to a significant risk of substantial or serious harm to the safety or well-being of an individual served, employee, volunteer, student intern, community provider or liability to the state.

Serious Occurrence Report (SOR): Method used to document a Serious Occurrence which is recorded within the Incident Record.

Vulnerable Person: An individual 18 years of age or older who:

- Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or
- Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.

PROCEDURES

A. PREVENTION AND RECOGNITION OF MISTREATMENT OF INDIVIDUALS SERVED WHICH INCLUDES BUT IS NOT LIMITED TO ABUSE, ABANDONMENT, EXPLOITATION, ISOLATION, NEGLIGENCE AND SERIOUS INJURY OF UNKNOWN ORIGIN

1. All contracted community provider employees, volunteers, sub-contractors, and interns must have three (3) positive references on file prior to hire, or as applicable to volunteers and interns prior to initiation of duties, with no more than one (1) being a personal reference, unless waived for cause by a DS Regional Center Program Manager or designee.
 - a. Contracted Community Providers will incorporate the Contract Provider Employee Application Supplemental Questions ([Attachment A](#)), which screens for current or history of involvement in allegations or suspicions of mistreatment of a vulnerable person (i.e. abuse, neglect or exploitation), within their application and hiring process.

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2. Within seven (7) calendar days of hire or contract signature, two (2) complete sets of fingerprints will be taken and submitted for State and FBI criminal clearance checks. All contracted community provider employees, volunteers, sub-contractors, and interns will complete criminal clearance checks every five (5) years of employment thereafter.
3. For those agencies submitting fingerprints under [NRS 179A.325](#), the Department of Public Safety (DPS) Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in [NAC 435.520](#) and [NAC 435.860](#).
4. For those agencies not eligible for submission of fingerprints under [NRS 179A.325](#) the employees, volunteers, sub-contractors, and interns will be required to submit fingerprint cards to the DPS State and FBI criminal clearance through accounts set up under the National Child Protection Act.
5. All contracted community provider employees, sub-contractors, volunteers, and interns must have “negative” or “clear” criminal clearance findings evidencing no convictions in disqualifying offenses as listed in [NAC 435.520](#) and [NAC 435.860](#) in order to work with individuals served.
 - a. Those with “positive” background checks indicating convictions in disqualifying offenses as listed in [NAC 435.520](#) and [NAC 435.860](#) including pending charges and/or unknown disposition status in disqualifying offenses, are not allowed to provide direct support or have direct contact with individuals served by DS Regional Centers.
 - b. Those contracted community provider employees, volunteers, sub-contractors, and interns who wish to contest the findings of the background checks may do so to the provider agency within five (5) business days and will have a maximum of 60 calendar days to provide corrected information. However, the contracted community provider employees, volunteers, sub-contractors, and interns must be re-assigned to a position where there will be no direct contact with individuals served or be placed on administrative leave pending receipt of corrected or cleared background check from the DPS Central Repository for Nevada Records of Criminal History for those background checks run under a [NRS 179A.325](#) account.
 - c. For background checks run under the National Child Protection Act, the contracted community provider employees, volunteers, sub-contractors, and interns must provide to the provider agency a certified court document or other certified legal document verifying that the charge(s) has been dismissed or has been acquitted. These legal documents must remain on file with the original findings.
6. All contracted community provider employees, sub-contractors, volunteers, and interns will be informed of disqualifying offenses and sign an acknowledgment of responsibility to self-disclose convictions related to disqualifying offenses. Contracted community provider employees, sub-contractors, volunteers, and interns shall sign self-declarations regarding criminal convictions on an annual basis from date of hire. Contracted community provider employees, volunteers, sub-contractors, and interns will report any arrests within three (3) business days to their agency human resource department or face disciplinary action up to and including termination.

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- a. Prior to hire or contractual relationship, DS Regional Centers and community providers will check the Office of Inspector General (OIG) List of Excluded Individuals and Entities at <http://exclusions.oig.hhs.gov/>. Those individual's or entities appearing on the OIG Exclusion List are ineligible to work with individuals served by DS. OIG rechecks must be completed no less than annually from date of hire. A printout from the OIG website with the findings will be maintained on file.
7. Prior to hire or contractual relationship, community providers will check the Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid Exclusion list at <https://dhcfnv.gov/Providers/PI/PSExclusions/>. Those individuals or entities appearing on the Nevada Medicaid Exclusion List are ineligible to work with individuals served by DS. The Nevada Medicaid Exclusion List will be rechecked no less than annually. A printout from the DHCFP website with the findings will be maintained on file.
 8. All contracted community provider employees, sub-contractors, volunteers, and interns will be trained in this policy within one (1) business day of hire and prior to working independently with individuals served by DS Regional Centers.
 9. All contracted community provider employees, sub-contractors, volunteers, and interns shall receive orientation and annual training in prevention; risk factors; signs and symptoms of mistreatment; reporting requirements; and strategies to support people in recognizing and reporting mistreatment of individuals served.
 10. Individuals served by DS Regional Centers, and their family/guardians shall be apprised of the DS Regional Center's policies on mistreatment of individuals served and provided with specific information on how to report suspected mistreatment. Information and training will be provided as needed by DS Regional Centers and contracted community providers to help individuals recognize and prevent acts of mistreatment.
 11. All contracted community provider employees, sub-contractors, volunteers, and interns against whom allegations of mistreatment have been made, will be immediately placed on administrative leave or re-assignment, which may include a position where there will be no direct contact with individuals served by DS Regional Centers. The alleged contracted community provider employee, sub-contractor, volunteer and/or intern will remain on reassignment or administrative leave pending the outcome of the investigation and decision by DS Regional Center Quality Assurance (QA) unit on the eligibility to return to positions of direct contact and support of individuals served.
 - a. DS Regional Centers will take immediate action to ensure the safety of individuals served, including relocation to an alternate living situation, pending outcome of an investigation for incidents in which any provider is implicated in an alleged or suspected mistreatment.
 12. DS Regional Centers QA unit will notify contracted community provider administration upon receiving knowledge that the provider has employed, contracted, sub-contracted, and/or interned a person who has been formerly terminated for substantiated mistreatment by another contracted community provider.
 - a. If the provider administration chooses to maintain the employee, contractor, sub-contractor, and/or intern in a position that interacts with individuals served, the provider administration must create a Plan of Action to ensure that individuals served are free from mistreatment.

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- b. The Plan of Action will include details on the required training the contracted community provider employee, volunteer, sub-contractor, and/or intern will take regarding mistreatment; strategies for supervision and oversight of the employee, volunteer, sub-contractor, and/or intern and mechanisms for identifying and reporting mistreatment.
 - c. This Plan of Action will be reviewed during QA surveys and reviews.
13. When other strategies are insufficient to eliminate mistreatment, individuals served shall be provided with options for alternative environments as necessary to ensure freedom from mistreatment.
14. Contracted community providers will have procedures in place for the establishment of staff schedules which support individuals served specific needs and aids in the prevention of mistreatment through limiting an individual staff member's overtime usage.
15. DS Regional Center QA unit will monitor and track incident/investigation reports to identify trends and patterns and will facilitate development of corrective action plans to reduce or eliminate repeat occurrences. The QA Unit will report these findings to the appropriate DS Management Staff (i.e., Program Manager or designee and contracted community providers).

B. REPORTABLE INCIDENTS/SERIOUS OCCURRENCE AND NON-REPORTABLE INCIDENTS

1. Reportable Incident Types

- a. All incidents of aggression or inappropriate interactions affecting or acted out on individual(s) served, such as (not all-inclusive):
 - i. Emotional or verbal;
 - ii. Individual to individual aggression
 - iii. Physical;
 - iv. Property damage between \$0-\$99;
 - v. Sexual; or
 - vi. Other
- b. Injury requiring minor medical attention such as physician visit, urgent care or emergency room care that does not result in hospital admission or ambulance transportation.
- c. Unplanned medical treatment, not requiring hospitalization.
- d. Health Insurance Portability and Accountability Act (HIPAA) concerns that do not constitute a breach of Protected Health Information (PHI).
- e. Unexplained fall, minor injury (including scratches and bruising), or minor injury of unknown origin, but no medical attention is needed.
- f. Missed medical appointment.
- g. Medication concerns including, but not limited to the following:

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- i. Adverse reaction;
 - ii. Missed medication (not corrected within 24 hours)
 - iii. Medication refusals;
 - iv. Wrong dose;
 - v. Wrong individual served;
 - vi. Wrong time;
 - vii. Wrong route.
 - h. Vehicle (contracted community provider, private, public) accident not resulting in injury to individual served.
 - i. Unlawful behavior that does not result in a police report, arrest, or lawsuit.
 - j. Environmental concerns that have an impact on health and safety, but do not require an emergency response.
 - k. Restraint/crisis intervention using proper techniques and with no injury the individual served.
 - l. Other: Any incident that compromises the health or safety of the individual served not specifically stated above.
2. Reportable Serious Occurrence Types
- a. Unplanned hospitalization, transported via ambulance or hospital admission (including psychiatric).
 - b. Medical intervention for injury that is of unknown origin or suspicious in nature including the following:
 - i. Bone breaks, fractures or sprains;
 - ii. Bruises/marks shaped similarly to objects or finger/hand prints;
 - iii. Bruises or marks that do not match the details of the reported incidents;
 - iv. Clustered bruising;
 - v. Serious injury or pattern of injury such as bruising or scratching/burns or friction burns; or
 - vi. Unusual bruising or marks such as on inner thighs and/or inner arms.
 - c. Alleged assault, violence, or threat made to or by the individual served including the following:
 - i. Physical assault requiring medical treatment beyond first aid;
 - ii. Sexual activity involving person(s) under 18 years of age; or
 - iii. Sexual assault, non-consensual or other illegal sexual activity.
 - d. Mistreatment.
 - e. Suicide includes attempt or threat.
 - f. Improper crisis interventions or restraints resulting in injury.
 - g. Criminal activity/legal intervention:
 - i. Police report/arrest; or
 - ii. Potential lawsuits.
 - h. Theft/Exploitation:

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- i. Medication;
- ii. Money; or
- iii. Property.

i. Medication error, including the following:

- i. Resulting in medical intervention, such as hospital admission or injury,
- ii. Medication taken by the wrong individual served; and
- iii. Not corrected within a 24-hour period;

j. Loss of contact with individual served for three (3) or more consecutive days.

k. Absence of an individual (missing or Absent without Leave (AWOL)) who:

- i. Is under criminal charges;
- ii. Is a danger to self or others;
- iii. Is missing from a 24-hour living arrangement with a contracted community provider; or
- iv. For whom a search procedure must be initiated.

l. Death of an individual served.

m. Other (not-all inclusive)

- i. HIPAA violation resulting in a breach of PHI.
- ii. Major property damage of \$100 or more.
- iii. Vehicle accident involving individual served resulting in injury requiring medical treatment beyond first aid.
- iv. Vehicle accident involving staff and/or individual served in a state vehicle.
- v. Staff injury/illness/accident while on shift that requires medical attention.
- vi. Environmental incident requiring emergency assistance.
- vii. Death of a caregiver (paid support or unpaid caregiver) resulting in crisis.
- viii. Media coverage or potential media coverage.
- ix. Bedbug infestation.
- x. Patterns of multiple minor incidents.
- xi. Evacuations
- xii. Any incident requiring notification to outside agencies including police, fire, rescue, medical, Child Protective Services (CPS), Adult Protective Services (APS), Centers for Medicare and Medicaid Services (CMS), Social Security, etc.
- xiii. Sexual acting out that does not meet the definition of abuse.
- xiv. Any event which adversely affects or has the potential to affect the health or safety of an individual receiving services, which does not fall into one of the other categories.
- xv. Major injury to DS Regional Center staff or visitor on ADSD grounds or offices.

3. Non-Reportable Incidents

The following incidents do not require submitting an Incident Report or SOR in the Incident Management System.

- a. Seizures that do not require medical attention or seizures that are associated with a diagnosed seizure disorder.
- b. Routine maintenance that is not considered a threat to health and safety.

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- c. Verbal aggression by an individual served.
- d. Behavioral incidents which do not result in injury or property damage with exception to individual to individual or peer to peer aggression.

C. PROCEDURES FOR REPORTING AND INVESTIGATING MISTREATMENT OF INDIVIDUALS SERVED WHICH INCLUDES BUT IS NOT LIMITED TO ABUSE, ABANDONMENT, EXPLOITATION, ISOLATION, NEGLECT AND SERIOUS INJURY OF UNKNOWN ORIGIN

1. Any DS Regional Center staff, contracted community provider employee, sub-contractor, volunteer, or intern upon observing, hearing of, or suspecting mistreatment of individual served will immediately (no longer than one (1) hour from incident) report the information as specified in the agency or organization policy. A verbal report must be made within one (1) hour of the incident to a DS Regional Center Service Coordinator, or a DS Regional Center Supervisor

- a. The report must be made through direct (person-to-person) contact. During normal business hours, the use of voice messages, texts and emails do not meet the reporting requirements. Outside of normal business hours, a voicemail message or an email will meet the one (1) hour reporting requirement. The contracted community provider must make a verbal report via person to person contact to the assigned DS Regional Center Service Coordinator or Supervisor by 9:00 am on the first business day after the incident.

- b. The person witnessing or suspecting the mistreatment (which may include abuse, abandonment, exploitation, isolation, neglect, and serious injury of unknown origin), will complete and submit a DS Incident Report through the ADSD Incident Management System.

- c. DS Regional Center Service Coordinator will document all incidents and Serious Occurrences in the Incident Management System via SOR within 24 hours of notification.

- d. Contracted community providers will document Serious Occurrences within 24 hours, and Incidents within two (2) business days by completing the Incident Report in Report through the ADSD Incident Management System. If a DOR or Crisis Intervention is applicable, the contracted community provider will enter the DOR or RAD, as applicable.

- i. DS Regional Center Service Coordinator will review DORs and RADs as applicable to the incident and provide feedback to contracted community provider.

- e. All allegations of mistreatment (which may include abuse, abandonment, exploitation, isolation, neglect, and serious injury of unknown origin), whether current or past, will be acted upon, reported, and investigated, regardless of the individual's history of making false allegations, and of the alleged perpetrator's relationship to the individual (e.g., staff, family, friend, stranger, etc.).

2. The contracted community provider is responsible to complete an incident report for any incident that occurs away from the contracted community provider's immediate care (e.g. school, work, family home, etc.).

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3. Any DS Regional Center staff, contracted community provider, sub-contractor, volunteer, or intern who:
 - a. Reports mistreatment of individual served shall not be disciplined for making such a report and **will** be protected from retaliation.
 - b. Fails to report suspected mistreatment of individual served **will** be subject to disciplinary action up to and including dismissal.
4. The contracted community provider **will** notify an individual served parent(s)/ legal guardian (if applicable) of any incidents and/or serious occurrences within 24 hours. The DS Regional Center Service Coordinator or supervisor will make the notification for incidents involving individuals not served by a contracted community provider.
5. The contracted community provider will notify the local law enforcement agency having jurisdiction within 24 hours (to include Child Protective Services, ADSD Adult Protective Services) following reporting requirements as identified in [NRS 200.5091-200.50995](#). The DS Regional Center Service Coordinator or supervisor will make the notification to local law enforcement for incidents involving individuals not served by contracted community providers.
6. For allegations of mistreatment involving individuals not served by contracted community providers, but who live with a relative or guardian, DS Regional Centers will take immediate action to collaborate closely with law enforcement to ensure the safety of the individual served, including a recommendation to relocate them to an alternate emergency living situation pending outcome of an investigation.
7. Upon notification of an allegation or mistreatment of individual served, the contracted community provider, will immediately reassign the alleged contracted community provider employee, volunteer, sub-contractor, and/or intern per the [Developmental Services Mistreatment Allegation Reassignment Decision table](#) below. The contracted community provider will notify the DS Regional Center Service Coordinator and consult with DS QA unit regarding the utilization of the Developmental Services Mistreatment Allegation Reassignment Decision table for residential services and Jobs & Day Training (JDT) Services to determine the level of reassignment.
 - a. Any contracted community provider employee, volunteer, sub-contractor, and/or intern who is reassigned will remain in that status pending the outcome of the investigation, DS Regional Center approval, and law enforcement report closure, as applicable.
 - b. If the alleged perpetrator is someone other than DS Regional Center staff or contracted community provider employee, volunteer, sub-contractor, and/or intern, steps will be taken to ensure the protection of the individual served (i.e. supervised or restricted visits, etc.).
8. DS Regional Centers and the contracted community provider will:
 - a. Assure the victim has received prompt and appropriate medical treatment and follow up;
 - b. Take prompt action to assure the victim is made safe from mistreatment.
 - c. Cooperate with any investigation made by law enforcement, as applicable.
9. ADSD or DS Regional Center QA unit may assign an investigation team.

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10. The contracted community provider will consult with DS Regional Center QA unit and initiate an internal investigation immediately, unless otherwise directed by DS Regional Center QA unit, local law enforcement, CPS, or APS. The community provider will document using the Provider Investigation Report form ([Attachment B](#)) or with prior approval of DS Regional Center, the Provider Investigative Summary Template ([Attachment C](#)) or additional provider Information. The investigative report will include all information as identified in the Provider Investigation Report Guidelines ([Attachment D](#)) or Provider Investigative Summary Guidelines ([Attachment E](#)).
11. Contracted community providers and DS Regional Center investigation reports for individuals served in community locations are to be submitted to the DS Regional Center QA unit within 10 calendar days of discovery of the incident. Investigation Reports completed by ADSD assigned investigators will be directly submitted to DS Regional Center QA Manager or designee.
12. Contracted community providers may not reassign contracted community provider employees, volunteers, sub-contractors, and interns to their previous position having direct contact with individual served until approved by the DS Regional Center QA Manager or designee.
13. Contracted community providers may not return contracted community provider employees, volunteers, sub-contractors, and/or interns to positions having direct contact with individual served if there is an open law enforcement investigation, and/or investigations by law enforcement, or other legal authorities (i.e. CPS, APS, etc.,). DS Regional Center QA unit must receive verification of the investigation outcome to make a determination on approval for the contracted community provider employee, volunteer, sub-contractor, and/or intern to return to work with individuals served.

D. INCIDENT AND SERIOUS OCCURRENCE MONITORING

1. DS Regional Center Service Coordinator will review the incident report, make recommendations, and update the disposition within one (1) business day of the contracted community provider submitting via the DS Incident Management System for the purposes of ensuring thoroughness, monitoring, and prevention of similar related future incidents.
2. DS Regional Center Supervisors will review and update the disposition within one (1) business day after processed by the DS Regional Center Service Coordinator. DS Regional Center Supervisors will review and update the disposition of all Incident Reports that do not fall under:
 - a. Denial of Rights;
 - b. Health and Safety;
 - c. Major Medical; or
 - d. Mistreatment.
3. All Incidents and SORs will include the action(s) taken to assure corrective and/or preventative measures have been taken to minimize the risk of future occurrences.
4. The DS Regional Center is required to follow-up with the contracted community provider to obtain additional information (if needed) and for status of corrective action as follows:

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- a. The DS Regional Center Service Coordinator will enter all follow-up notes in the DS Incident Management System as a "Follow Up Note".
 - b. The DS Regional Center Service Coordinator will submit the Follow Up Notes within 10 calendar days after the initial SOR was submitted. Follow up documentation will be submitted in 10 calendar days intervals until closure.
 - c. DS Regional Center Supervisors will review all follow up documentation submitted by the DS Regional Center Service Coordinator. DS Regional Center Supervisors will request additional follow up documentation if necessary.
 - d. DS Regional Center QA unit will review all follow up on Incident Reports that fall under major medical (e.g. hospitalizations, broken bones, etc.), health and safety, mistreatment or DOR. The DS Regional Center QA unit will request additional follow up if necessary.
 - e. ADSD may request further information or follow up on a Serious Occurrence at any time. ADSD will alert the DS Program Manager and/or QA Manager of needed follow up. The assigned DS Regional Center Service Coordinator will provide the follow up within five (5) business days.
5. All Incident Reports that fall under Major Medical, Health and Safety, Mistreatment, Denial of Rights, or Restraint and Denials will be reviewed by the Quality Assurance department to ensure thorough completion and appropriate follow through to reduce the risk of future occurrences.
 6. All incident reports not falling under Major Medical, Health and Safety, Mistreatment, Denial of Rights, or Restraint and Denials will be reviewed by the Service Coordinator Supervisors for completion and appropriate follow through to reduce risk of future occurrences
 7. Quality Assurance Department will continue to monitor and collect data on all Incident Reports to track and trend patterns.
 8. Contracted community providers will develop procedures for tracking and trending of incidents and have them available, if requested by the DS QA unit to review.
 9. Agency Managers will provide all Incident Report information to Division.

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E. DEVELOPMENTAL SERVICES MISTREATMENT ALLEGATION REASSIGNMENT DECISION TABLE

• NOTE: The following table is not intended to be an all-inclusive decision tool but should be utilized as a general guide. Specific information regarding any allegation must be considered prior to determination/implementation of a reassignment decision.

DEVELOPMENTAL SERVICES MISTREATMENT ALLEGATION REASSIGNMENT DECISION TABLE		
Category	Allegation	Level of Reassignment
ABUSE	PHYSICAL ABUSE	Only administrative work allowed- (NO DIRECT CONTACT with PERSONS SERVED)
	PHYSICAL ABUSE: with History of (H/O) false allegations in Behavior Support Plan (BSP)	Different home or JDT site only with other staff also working.
	SEXUAL ABUSE	Only admin work- (NO DIRECT CONTACT with PERSONS SERVED)
	SEXUAL ABUSE: with H/O false allegations in BSP.	Different home or JDT site with other staff also working.
	VERBAL ABUSE	Different home or JDT site only with other staff also working (INCREASED SUPERVISION)
	VERBAL ABUSE: with H/O false allegations in BSP.	Different home or JDT site only with other staff also working
	PSYCHOLOGICAL ABUSE	Different home or JDT site only with other staff also working (INCREASED SUPERVISION)
	PSYCHOLOGICAL ABUSE: with H/O false allegations in BSP.	Different home or JDT site only with other staff also working
NEGLECT/MISTREATMENT	NEGLECT/MISTREATMENT	Different home or JDT site only with other staff also working (INCREASED SUPERVISION)
	SLEEPING: Grave Shift	Same or different home (DIFFERENT SHIFT-NO GRAVE)
	SLEEPING: Day or Swing Shift	Same home only with other staff also working (INCREASED SUPERVISION)
	SLEEPING: Previously substantiated	Same home only with other staff also working (INCREASED SUPERVISION)
EXPLOITATION	EXPLOITATION	Different home or JDT only with other staff also working
	EXPLOITATION: with H/O false allegations in BSP.	Same home or JDT site only with other staff also working
	FINANCIAL EXPLOITATION	Different home or JDT site only with other staff also working (MAY NOT HANDLE MONEY)
	FINANCIAL EXPLOITATION with H/O false allegations in BSP	Same home or JDT site with other staff also working (MAY NOT HANDLE MONEY)
OTHER	ISOLATION	Different home or JDT site only with other staff also working (INCREASED SUPERVISION)
	ABANDONMENT	Different home or JDT site only with other staff also working (INCREASED SUPERVISION)

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ATTACHMENTS

Attachment A – Contract Provider Employee Application Supplemental Questions – DS-QA-30(a)

Attachment B – Provider Investigation Report – DS-QA-20 (ai)

Attachment C – Provider Investigative Summary Template - DS-QA-20 (bi)

Attachment D – Provider Investigation Report Guidelines – DS-QA-20 (a)

Attachment E – Provider Investigative Summary Guidelines DS-QA-20 (b)

Approved By		
Title	Signature	Date
Deputy Administrator		
Division Administrator or Designee		
Document History		
Revision	Date	Change
1	9/15/17	5-day Investigation update
2	10/1/2024	Added language for Community Providers to check the DHCFFP Nevada Medicaid Exclusion list prior to hiring for ineligible employees, volunteers, sub-contractors, and interns, DS Mistreatment Allegation Reassignment Decision Table, Incidents and Serious Occurrence Types, procedures incident and SOR, and procedures for incident and serious occurrence monitoring.