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| **Topic:** Response to Investigation | **Department:** All programs and services |
| **Original effective date:** 7/2013 | **Last revision date:** 5/2019 |
| **Owner:** Incident Manager | **Frequency of reviews:** As needed |
| **Internal/Regulatory Reference(s) (all that apply):** OPWDD Regulation-Part 624 | |
| **Related documents/Links:** Response to Investigation Form | |

**Policy**

People are free from abuse and neglect.

**Additional Information**

In response to completed investigations for filed incidents (defined by OPWDD Part 624 / 147 or 150); within 10 days the agency must develop a plan of prevention and remediation to be taken to assure the continued health, safety, and welfare of People Supported and to provide for the prevention of incident reoccurrence.

The plan must include written endorsement by the CEO or designee, and identify projected implementation dates and specify by title agency staff that are responsible for monitoring the implementation of each recommendation identified within the investigation. In addition, corresponding verification documents must accompany the response.

Such plans must also include direct follow-up with all involved People Supported. Specific documentation of follow-up should include the following:

* Recap of the incident
* Answers to any questions they may have
* Validation of existing concerns
* Offer / brainstorm available supports

Such plans must be entered into IRMA by the close of the 5th working day after the development of the plan.

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| **Procedure** | |
| **Task:** | **Responsible party:** |
| Receives and reviews completed investigations for filed incidents. | Site Manager / Director |
| Completes Response to Investigation Form and submits to the Incident Coordinator within 10 days of receiving the completed investigation. | Site Manager /  Director |
| Reviews and approves the Response to Investigation Form and enters into IRMA by the close of the 5th working day after the development of the response / plan to prevent (within 15 days of investigation completion). | Incident Coordinator / Incident Manager |

**Document revision record:**

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| **Revision Date** | **Release Date** | **Reason for change** | **Approver** |
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