

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number: APD-PT-18-003**

**Issue date: 2/16/2018**

**CORRECTED**

**Topic:** Protective Services

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> ODDS Children's Residential Services          | <input type="checkbox"/> Other (please specify):                              |
| <input type="checkbox"/> Child Welfare Programs                        |   |

<b>Policy/rule title:</b>	Documenting facility self-reports		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:** House Bill 3359 effective January 1, 2018 now allows DHS to impose a civil penalty in no more than \$1,000.00 per violation on APD licensed Assisted Living, Residential Care and Nursing Facilities for the failure to report abuse of a resident. Though the penalty does not apply to Adult Foster Homes, this guidance applies to all facility investigation reports.

Adult Protective Service Specialists will need to document within all reports if the facility self-reported, or not, for Corrective Action review.

**Training/communication plan:** Document in the complainant statement the date and time the report was made by phone or fax indicating a facility self-report:

For example:

“Facility Self-report received on \_\_/\_\_/\_\_ at 0:00 PM stated that....”

A report qualifies as a self-report when the report was made by the administrator, designee, provider or employee unless they indicate they are reporting on their own behalf.

In the event that subsequent allegations are discovered during the course of the investigation (see [SPD-PT-06-020](#)) that were not reported by the facility, indicate this in the Facility Action section of the report.

For example:

“Allegation B: Complainant 2 report received \_\_/\_\_/\_\_ at 0:00 PM stated that...”

Facility Action:

“Allegations B and C were not reported by the facility.”

**Local/branch action required:** Document as directed

**Central office action required:** Provide training and technical assistance

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Operations/APD Policy Workgroup

**Filing instructions:**

*If you have any questions about this policy, contact:*

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