

## Complaint/Incident Investigative QA Tool

(Please Mark (x) inside the circle and fill in the blanks for your response)

1. Review Type  
(F=Field, H=HQ)

- F
- H

2. Name of Reviewer: \_\_\_\_\_

3. Date of Review

\_\_\_\_\_ **Enter date in M/D/YYYY format**

4. Region

- 1
- 2
- 3
- 4
- 5
- 6

5. Unit Reviewed

- A
- B
- C
- D

6. Complaint # \_\_\_\_\_  
(Note: The 0 in front of the complaint # must not be entered)

7. Priority

- 2
- 10

8. Type of Setting  
(A= AFH, B=BH, N= NH)

- A
- B
- N

9. Complainant Type  
(P= Public; F= Facility)

- P
- F

10. Evidence that investigator identified potential regulatory issues prior to on-site investigation.

- 0
- 1

11. Investigator discussed special considerations and/or investigative strategies with FM.

- 0
- 1

12. Investigator interviewed complainant before going on-site

**(If this was a complaint where interview was not possible prior to going on-site, score 1 pt.)**

- 0
- 1

13. Investigator developed brief written investigative plan

- 0
- 1

14. Plan includes observations

- 0
- 1

15. Plan includes interviews

- 0
- 1

16. Plan includes record reviews

- 0
- 1

17. Investigator conducted on-site investigation

- 0
- 1

18. Reviewed sample of residents

- 0
- 1

19. Conducted observations

- 0
- 1

20. Conducted interviews

- 0
- 1

21. Record reviews

- 0
- 1

22. Evidence that investigator analyzed investigative data

- 0
- 1

23. Investigator determined if deficient practice by provider

**Examples:**

**\*Findings support specific failed practice**

**\*Narrative or SOD is more than just a story about something bad happening**

**\*No triggers for abuse/neglect that staff failed to identify in their investigation**

- 0
- 1

24. Enforcement recommendations made if appropriate

**(Provider/facility notified)**

- 0
- 1

25. Additional referrals made if appropriate (i.e. to Medicaid Fraud)

- 0
- 1

26. Narrative report and complaint packet complete

- 0
- 1

27. Complainant notified of findings

**(If complainant is facility choose 1)**

- 0
- 1

28. Total Possible points..... \_\_\_\_\_

**(Add up total points from #10 to #27; total possible points= 18 points)**

29. Comments

**(Please indicate the item being described)**

## Instructions and/or explanation of C/I QA Review Tool

Item #10: Investigators should not be waiting to identify the potential regulatory issue until they are on-site. Identification of the potential regulatory issue should be directly linked to the investigative plan that they develop.

Item #11: Discussing strategy with the FM is not necessary in *every* investigation. There are times, however, when basic communication about issues and approaches should be occurring. This was discussed during protocol training sessions. Enter the score of 1 if strategy discussion was not necessary. FM should write in the comment box whether or not the discussion occurred between the FM and the investigator(s).

Item #12: Investigators *should not* be interviewing *facility reporters* prior to an on-site visit. This element should only be reviewed for public complainants.

Item #13: *The investigative plan is not optional.* It should be brief and targeted at the alleged issues.

Item #17: Each investigation should have evidence of sampling, observations, interviews, in addition to limited record review. More often than not, citations that rely only on documentation do not address the important issues, and do not withstand scrutiny because either system issues or the true failed practice have not been identified.

Item #22: There should be evidence of a logical connection between working papers and the conclusion that the investigator arrived at. This logic should also be reflected in the narrative and/or SOD.

Item #23: See above comments. Review list of abuse/neglect triggers, if needed, when evaluating.

Item #24: Enforcement recommendation should be in sync with identified failed practices. Consult with Assistant Director when questions. Not all investigations will result in enforcement recommendations. Score of "1" is given for appropriate judgment related to this specific investigation. For example, a score of "1" does not necessarily mean a referral was made. It may mean that no referral was needed, and thus the investigator made the correct judgment.

Item #25: Additional referrals are coordinated through the CRU. Was the CRU notified in a timely manner? Not all investigations will result in the need for additional referrals. Score of "1" is given for appropriate judgment related to this specific investigation. For example, a score of "1" does not necessarily mean a referral was made. It may mean that no referral was needed, and thus the investigator made the correct judgment.

Item #26: Refer to [MB #R06-068](#) that describes packet order.

Item #27: This notification should be noted somewhere in the packet i.e., either a notation that the complainant was called or a letter was sent. This is extremely important in those cases where the investigation did not result in the facility being cited. If the complainant is a facility, enter score of 1.

