4D. PAS Reporting Requirements

Presented by:
Candyce Slusher, Slusher Consulting
PAS Reporting Requirements

Objectives

1. Learn why and how PAS must keep “complete documentation [and reports] of all known services and significant events” per §558.301 (9), (I)

2. Determine what information to document as client care notes, and what needs to be documented on Incident reports, Infection logs, Complaint logs in order to meet your agency’s QAPI requirements.

3. Refresh your knowledge on self-reports of Abuse, Neglect, and Exploitation and how to remain compliant with HHS standards for these reports.
What Reports Do We Have to Do?

- Complaints
- Incidents
- Self-Reports of Abuse, Neglect, or Exploitation
- Infections

Why Do We Have to Do Them?

Dem’s the Rules!

RULE §558.282 (8) A client has the right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency.

RULE §558.301 The Client Record Must Contain:
   (1) complete documentation of all known services and significant events.

RULE §558.250 Agency Investigations
   (1) Immediately upon witnessing the act or upon receipt of the allegation, an agency must initiate an investigation of known and alleged acts of ANE by agency employees, including volunteers and contractors.
Why Do We Have to Do Them?

Dem’s the Rules!

**RULE §558.285** Infection Control:

(2) require documentation of infections that the client acquires while receiving services from the agency.

(B) If an agency is licensed to provide only personal assistance services, documentation must include the date that the infection was disclosed to the agency employee, the client’s name, and treatment as disclosed by the client.

1. Complaints

What is considered a “Complaint”?
What is a Complaint?

“ A Complaint is a Gift

• ANYONE who is engaged enough in your agency to take their time to report their dissatisfaction with services, treatment, or personnel should be listened to and validated.

• Even little complaints should be documented because they could snowball into a bigger problem if you’re ignoring them.

Complaints

• Document receipt of the complaint and initiate an investigation within 10 days
  › Must be resolved within 30 days

• Negative Client Satisfaction Surveys are Complaints

• Could come from ANY source
  › Client/Family
  › Staff
  › Coordinating professionals

• Complaints COULD be an Incident
  › I fell/staff dropped me
  › She/he broke my ______
  › They didn’t ______
How to Document a Complaint

- On a Complaint Log:
  - Client/Staff Name
  - Date reported
  - Who reported
  - Nature of complaint
  - Resolution/date

- On a Complaint Report: Same as the log but more details

- If a Complaint is also ANE, Agency Administration must ALSO complete Self-Reporting Requirements Immediately

2. Incident Reports

What is considered an “Incident”?
Incidents

Incidents can occur for clients or staff and should be documented in order to comply with the TAC but also to protect your agency. Most Incidents are:

- Falls (with or without injury)
- Medication Errors (Employee or Client Responsibility)
- Aggressive/Combative Behaviors (Could be Abuse or Dementia)
- Missing Items (Could be Exploitation or Dementia)
- Discovery of injuries (Could be Neglect or Accident)
- Other (Could be literally ANYTHING)

- Create a culture of reporting (You’ll need this for QAPI)
- Staff could send reports, but you can do them too
- 10 Days to complete Incident Reports – not too soon
- Where to file Incident Reports

Incident Reports should be finalized with some specific information:

- Who was notified on behalf of the client?
- What did the agency do to try to mitigate a repeat incident?
- What is the client’s status at the close of the IR?
- Are there any changes to the client’s ISP/services?
- As the person responsible for the wellbeing of your clients, the Administrator or a designee should review each complaint as it happens – and again at QAPI

Administrative Follow Through on Reports
3.
Abuse, Neglect, and Exploitation

What is considered an “ANE”?

Abuse, Neglect and Exploitation

**Forms of Abuse include:**
- Physical: kicking, punching, pinching, shaking, scratching, slapping, biting, hair pulling, use of weapons, and burns are examples.
- Sexual: unwanted sexual contact.
- Verbal: unkind or hurtful words, shouting, screaming, use of obscenities directed at an individual.
- Economic: controlling money so that the individual is denied food, clothing or access to their assets or gifts from others.
- Social: controlling friendships by limiting phone calls or visits by family and friends.

**Neglect:** When a client is not having their needs met by the agency or the family/facility; could be purposeful, circumstantial or carelessness
- Safety – Nutritional – Medication – Medical Needs – Hygiene - Environment/Home Condition - Isolation

**Exploitation:** When anyone takes advantage of a Client: theft, accepting money/”gifts”, living situations. Could be Caregiver/Family/Friend/Stranger
RULE §558.249  Self-Reported Incidents of Abuse, Neglect, and Exploitation

- If an agency has cause to believe that a Client served by the agency has been abused, neglected, or exploited by an agency employee, the agency must report the information immediately, meaning within 24 hours, to:
  - Report to DFPS Department of Family and Protective Services /APS – Tx Abuse Hotline 1-800-252-5400, or through the DFPS secure website at www.txabusehotline.org
  - Report to HHSC – on TULIP – through the license portal, or by email to ciiprovider@hhs.texas.gov

  - THIS MEANS – Even if you don’t have “proof” that the incident occurred, you must still report!
  - You may not have time to complete an investigation before you report, REPORT ANYWAY.
  - The Only reason to wait until the next day, is if the allegation of ANE is reported to the agency late in the evening. If you wait longer than the required period, HHS could assess a fine and Administrative Action

Abuse, Neglect and Exploitation

- Investigate the allegation/accusation as thoroughly as possible, document all witness statements, but only known facts, not opinions or hearsay.

- Then complete the HHSC Provider Investigation Report (3613) within 10 Calendar Days of the incident and send it along with all supporting documentation (Complete the form 100 %)

- Complete/Close-out the internal complaint report within 30 days, include the resolution for both the agency and the client.
3.

Infections

Infection Reporting

All Client infections must be documented.
Most common types of infections:
• Urinary Tract Infection (UTI)
• Upper Respiratory/Sinus Infection
• Flu/Pneumonia
• Skin/wound infection

All communicable diseases contracted by Employees and Clients must be documented.
COVID-19, Tuberculosis, Influenza
Check with the CDC if you’re unsure
Infection Reporting

Keeping an Infection Log is sufficient in PAS:
• Client’s Name
• Date that the infection was disclosed to the agency
• Treatment as disclosed by the client

If it’s COVID-19 (or any Communicable Disease)
• It’s recommended to complete a full report instead of just a log
• Be sure to include any contact tracing (who exposed who)
• Return to work/service information
• Negative outcomes like hospitalizations or deaths
• Verification that you reported it to your local health department per CDC Recommendations

What Doesn’t Belong on a Report? (But still needs to be documented)

Significant Events:
• Changes in Client Condition
• Hospitalizations/Procedures/Service Pause
• Non-Complaint Feedback
• Special Requests and Instructions
• Potentially any client/agency interaction could be captured in your system to tell the client’s story, or to provide information in case of a future problem.
THANKS!

Any questions?
Slusherconsulting.com
Candyce@slusherconsulting.com

TAC §558.249

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