|  |
| --- |
| ALLEGED MALTREATMENT REVIEW CHECKLIST |
|        1. *Incident and Emergency Report* is fully completed and filed.      2. *Notification to an Internal Reporter* is fully completed, has been mailed to the internal reporter within two working days, and a copy has been filed.      3. The *Internal Review* has been completed and included the following evaluations: * Whether related policies and procedures were followed
* Whether the policies and procedures were adequate
* Whether there is a need for additional staff training
* Whether the reported event is similar to past events with the vulnerable adults/minors or the services involved
* Whether there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults/minors

      4. A corrective action plan has been developed, documented, and implemented to correct current lapses and prevent future lapses in performance by individuals or the license holder.      5. The *Internal Review* has been documented within 30 calendar days and made accessible immediately to the commissioner upon the commissioner’s request. Date requested:       Date submitted:            6. Initial disposition has been received, reviewed and filed.      7. Final disposition has been received, reviewed and filed.      8. Final disposition response or corrections that were requested or required were completed and submitted. Date:       |