New Jersey Department of Human Services
Division of Mental Health and Addiction Services
and
Office of Program Integrity and Accountability

Incident Reporting for
Mental Health Agencies
October 2015

TODAY'S GOALS:

Introduce a comprehensive system for incident reporting, including:

- Incident reporting standardization
- DHS policies for incident reporting
- Understanding why we report
- Defining unusual/reportable incidents
- Steps for immediate response
- Initial Reporting form and process
- Follow-Up form and process

COMPREHENSIVE INCIDENT REPORTING SYSTEM

- Department of Human Services' (DHS) commitment to align incident reporting for all its Divisions;
- Standardize the identification of reportable incidents;
- In September 2013 most mental health service providers were trained with an implementation date of October 1st, 2013.
- Merge incident reporting for mental health and addictions service providers;
- Ensure the immediate and appropriate response to reported incidents;
- Facilitate the analysis of trends and the identification of factors associated with the occurrence of unusual incidents.

OFFICE OF PROGRAM INTEGRITY & ACCOUNTABILITY (OPIA)

Office of Investigations (OI):

- Ensures that the most serious allegations and suspicions of abuse, neglect, and exploitation are investigated;

Critical Incident Management Unit (CIMU):

- Facilitates and oversees the appropriate tracking, management and organizational response to all reported unusual incidents;
- Administratively reviews individual agency reports involving abuse, neglect and exploitation not assigned to OI for closure;

Office of Licensing (OOL/SO):

- Reviews and closes operational incidents;
- Conducts site visits if warranted.

Who is required to Report?

- Agencies providing Residential Services:
  - Residential
  - Supported Housing
  - Residential Intensive Support Team (RIST)

- Licensed, Ambulatory Services:
  - Partial Care
  - Outpatient
  - Intensive Outpatient Treatment and Support Services (IOTSS)
  - Early Intervention Support Services (EISS)
  - Program of Assertive Community Treatment (PACT)

- Ambulatory Services, non-licensed:
  - Integrated Case Management Services (ICMS)
  - Psychiatric Emergency Services (PES)
  - Involuntary Outpatient Commitment (IOC)
  - Supported Employment
  - Supported Education
  - Projects for Assistance in Transition from Homelessness (PATH)
  - Justice Involved Services (JIS)
  - Peer Outreach Support Team (POST)

DHS Incident Reporting Policies

DHS and its community partners
operate under N.J.S.A. 30:1-11 et seq.,

DHS Administrative Order 2:05 (A.O. 2:05)

DHS/DMHAS Community Addendum
for incident reporting, incident definitions/coding, management and follow-up/closure of unusual incidents/allegations.

Additional DMHAS Incident Reporting Requirements:
N.J.A.C. 10:37
DMHAS Annex C

The DHS/OPIA, Critical Incident Management Unit (CIMU) operates an electronic system- called the Unusual Incident Reporting and Management System (UIRMS) - for entering and documenting incident information and follow-up action taken in response to incidents.

CY 2014: Over 58,000 incident reports entered into UIRMS involving DHS individuals served.

What is an Unusual Incident?

- Defined as an allegation or occurrence involving or affecting the care, supervision or actions of a DHS service recipient (service recipient = consumer/client/patient/individual served);

- May or may not have significant impact on the health, safety and welfare of the service recipient or others;

- May also involve the conduct of employees, while on or off duty, or others who may come in contact with service recipients.

NOTE: *DHS operates an allegation-based system – anyone can express/report concerns regarding suspected abuse, neglect or exploitation involving an individual served. This information is screened and may result in a DHS unusual incident report (UIR).*

WHY DO WE REPORT?

- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Creates accountability, follow-up & informs important decisions;
- Information gathered allows for data analysis of individual/systemic patterns & trends;
- Data helps inform policies and action steps at individual and systemic levels.

Incident Reporting Involves Five Core Areas:

- ✓ Identifying/addressing incidents/allegations;
- ✓ Recording information;
- ✓ Reporting information;
- ✓ Investigation/analysis;
- ✓ Follow-up & closure.

Role of Unusual Incident Reporting (UIR) Coordinators:

- Established DHS/DMHAS liaison for issues/questions related to incident reporting;
- Receive initial incident reports from agency providers;
- Interact with agency partners in gathering additional information, further screening initial reports and in assigning appropriate code to the incident;
- Provides notification to the agency about the assigned incident number and incident code and the unit responsible for follow-up and closure;
- Work with Department staff as needed when questions/issues arise;
- Enters information into UIRMS regarding initial incident reports, additional information and follow-up as needed.

WHERE DO I SEND INITIAL INCIDENT REPORTS?

E-Mail: dmhs.incidentrept@dhs.state.nj.us
Fax: (609) 341-2324

UIR Coordinator Counties of Responsibility (effective 11/01/2015)

Vanessa Coquillo (609-984-9355): Hunterdon, Mercer, Monmouth, Somerset

Izabel Galka (973-977-4397): Bergen, Hudson, Middlesex, Morris, Sussex

Ebonik Gibson (609-777-0068): Atlantic, Cumberland, Gloucester, Passaic, Union

Marcus Trinidad (609-777-0763): Burlington, Camden, Cape May, Ocean

John Williams (609-777-1211): Essex, Salem, Warren

Department of Human Services
Division of Mental Health and Addiction Services
Reportable Incident Categories Identified by Program Type for Mental Health Agencies

Program Type	Incident Categories Always Reportable to DHS	Reportable Incident Categories When Incident Occurs on Agency Premises or In Presence of Agency Staff
Residential A+ (only)	**All** incident categories	
Residential - A, B & C Supported Housing Residential Intensive Support Team (RIST) Partial Care Outpatient Intensive Outpatient Treatment Support Services(IOTSS) Early Intervention Support Services (EISS) Program of Assertive Community Treatment (PACT) Integrated Case Management Services (ICMS) Psychiatric Emergency Services (PES) Involuntary Outpatient Commitment (IOC) Supported Employment Supported Education Projects for Assistance in Transition from Homelessness (PATH) Justice Involved Services (JIS) Peer Outreach Support Team (POST)	Abuse-physical, sexual, verbal/psychological Neglect Exploitation Death-expected & unexpected Suicide Attempt Overdose Media Interest	Physical Assault (major/moderate) Sexual Assault Sexual Contact (nonconsensual) Criminal Activity - of consumer and/or agency staff Medical***** Elopement/Walkaway****** Injury (major/moderate) Rights Violation Operational-impacting on health, safety and well-being of a consumer

***Medical and psychiatric hospitalization do not require a follow-up report unless it is accompanied by another reportable incident.**
****Walkaway has specific reporting requirements.**

Incident Categories

Policy note: Incidents/allegations regarding physical abuse, sexual abuse, verbal/psychological mistreatment involving consumers served are always reportable.

Physical Abuse: A physical act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that causes or may cause pain, injury, anguish and/or suffering.

Sexual Abuse: Acts or attempted acts such as rape, exposure of genital body parts, sexual molestation, sexual exploitation or inappropriate touching of a DHS service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor.

Verbal/Psychological Mistreatment: Any verbal or non-verbal acts or omissions by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that distresses, invokes fear and/or humiliates, intimidates, degrades or demeans a DHS service recipient/consumer/client.

Any physical, verbal/psychological mistreatment or sexual act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern, or an individual acting as a DHS service provider, consultant, and/or contractor always = ABUSE

Note: “volunteer” in mental health community agency settings means an individual who is established within an agency setting as regularly working with consumers.

Incident Categories (continued)

Policy note: Incidents/allegations regarding neglect involving consumers served are always reportable.

Neglect:

- Failure of a caregiver or person responsible for the DHS service recipient/consumer/client's welfare, care, treatment and/or service to provide needed care, treatment, services and supports to ensure the health, safety and welfare of the individual.

- Services/supports may or may not be part of individual's plan or required by law.

- Includes intentional, unintentional or careless acts regardless of level of harm.

Incident Categories (CONTINUED)

Policy note: Incidents/allegations regarding exploitation involving consumers served are always reportable.

Exploitation: Any willful, unjust or improper use of a DHS service recipient/consumer/client or his/her property/funds, for the benefit or advantage of a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor;

Exploitation may involve condoning and/or encouraging the exploitation of the consumer by another person through actions including, but not limited to, inappropriate borrowing, or taking without authorization, personal property/funds belonging to a consumer or requiring him/her to perform function/activities that are normally conducted by staff or are solely for the staff's convenience.

Incident Categories (continued)

Policy note: Incidents/allegations regarding unexpected deaths or expected deaths of consumers served are always reportable.

Unexpected Death: Death of a service recipient that was not medically anticipated (suicide, homicide, other sudden/unexpected deaths).

Expected Death: Death of a service recipient due to the natural course of his/her underlying medical illness or known condition (i.e. person with diagnosed terminal cancer).

Policy note: Incidents related to known deaths of consumers are also required to be reported if the consumer's death occurs within six (6) months of the consumer's discharge/termination from agency's services, including terminations involving lost to contact.

Incident Categories (continued)

Policy note: Incidents/allegations regarding suicide attempts and overdose involving consumers served are always reportable. For Psychiatric Emergency Services (PES), suicide attempts should only be reported in the presence of agency staff and/or on agency premises.

Suicide Attempt: Refers to an act to intentionally take one's life regardless if the act resulted in injury.

Overdose: The unintentional use or misuse of a drug that results in harm (**this does not include intentional overdoses).**

Policy Note: **"**Harm" related to an overdose is dependent upon the seriousness of the medical complications and the care required, but for reporting purposes is generally defined as moderate or major. If the overdose requires emergency care but does not need medical stabilization (not just observation in the ED) it would be considered a moderate. If there is hospitalization or the use of Naloxone this would be considered major.

Incident Categories (continued)

Policy note: Incidents/allegations regarding media interest situations involving consumers served are always reportable.

Media Interest: Refers to media or journalistic attention that was or is likely to be generated or intensified regarding any incident involving a consumer or staff.

Incident Categories (continued)

Policy note: The following incident/allegation categories are reportable when they occur on the agency premises and/or in the presence of agency staff:

Elopement : Involves only those consumers with a criminal status (KROL, IST, NGRI, Detainer, Sex Offender) who leave the agency/program premises after a diligent and reasonable search of 2 hours.

Walkaway: Refers to consumers who are **at risk** and leave the premises/program against medical advice and do not have a criminal status and cannot be located after a diligent and reasonable search of 2 hours. This includes consumers who leave a **Screening Center** and/or an **A+ Residential Program**.

Criminal Activity: Refers to the alleged activity of a consumer or agency employee/staff and meeting the threshold of NJ Criminal Statute Title 2C (i.e., disorderly persons offenses, indictable offenses). The incident/allegation occurs on the agency premises or in the presence of agency staff, is media worthy, and/or involves any other reportable category.

Policy note:

- Seek legal guidance and refer to N.J.S.A. 2:A: 62A-16 regarding a licensed professional's duty to warn/protect and report information disclosed by a consumer regarding a past criminal action in the course of therapy with a licensed professional.

- Seek legal guidance and refer to N.J.S.A. 2:A: 62A-16 for incidents/allegations reporting information concerning a threat of imminent, serious physical violence against a readily identifiable individual or himself/herself.

Incident Categories (continued)

Medical: Refers to a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of consumers, including the following incidents/allegations:

* Disease/Illness-communicable with operational impact

* Bed bug infestation requiring relocation of consumers with operational impact

* Medication/Treatment errors with potentially serious effect

* Missing controlled drugs

*Unplanned Medical/Psychiatric hospital admission- refers to unplanned hospital admissions of consumers when the incident leading to the hospital admission originates from the agency site or began in the presence of agency staff. (Refer to slide #24)

Example: a consumer of a partial care program is admitted to the hospital following being transported to the hospital after experiencing chest pains at the partial care program.

Medical and Psychiatric Hospitalizations

- A+ residential settings - Initial incident reports for unplanned hospital admission incidents (for medical and/or mental health reasons) is always required

- All other programs – Initial incident reports are required if the incident occurs in the presence of agency staff or on agency property must report unplanned hospital admission incidents (for medical health reasons only)

- For all agencies other than A+ Residential, an unplanned psychiatric hospital admission is reportable only when precipitated by another otherwise reportable event, such as a suicide attempt.

- Medical and psychiatric hospitalizations do not require Follow-up Reports.

Incident Categories (continued)

Injury: Refers to moderate and/or major injuries involving consumers when the injury occurs on the agency site or in the presence of agency staff.

Moderate Injury: Any injury that requires treatment beyond basic first aid and can only be performed by a medical professional at a physician's office, at a hospital emergency room, or by facility physicians.

Examples: laceration requiring sutures/derma-bond or a human bite breaking the skin, injury around the eye such as bruising, swelling or lacerations, fractured toe or finger.

Major Injury: Any injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

Examples: skull fractures, head injuries, concussion, injuries to the eye and broken bones requiring setting/casting and large lacerations.

Incident Categories (continued)

Physical Assault: Refers to any act of someone other than agency staff/volunteer physical striking/injuring a victim to cause physical harm. Assault may involve:

- Consumer to another consumer;
- Consumer to staff or other individual;
- Other (non-staff/caregiver) to consumer.

Sexual Assault: Refers to any act of non-consensual sexual activity involving a consumer, as a perpetrator or a victim with an individual other than an agency staff/volunteer (acts as identified in A.O. 2:05). *See sexual abuse category if alleged perpetrator is agency staff.*

Sexual Contact: Refers to the intentional, non-consensual touching of an individual with the purpose of sexual arousal and/or gratification of the perpetrator (acts as identified in A.O. 2:05).

INCIDENT CATEGORIES

Operational: Refers to a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of consumers or impacts on the daily operation of the facility or program.

Subcategories include: fire, floods, disasters, property damage, operational breakdown, temporary facility/site closure, disruption of service, public safety issues, theft/loss and unexpected staff shortage.

Rights Violation: Any act or omission that deprives a service recipient of human or civil rights, including those rights which are specifically mandated under applicable regulations. e.g.: breach of confidentiality, termination of services without referral

				Closure Responsibility DMHAS UIRs Only		
Type Code	Category	DHS Community Incident Category List	Reporting Level	Residential	Ambulatory Licensed	Other Non- Licensed
AB110	ABUSE	Physical - to SR / No injury	B	CIMU	CIMU	DMHAS
AB112	ABUSE	Physical - to SR / Minor injury	B	CIMU	CIMU	DMHAS
AB114	ABUSE	Physical - to SR / Moderate injury	A	OI	OI	DMHAS
AB116	ABUSE	Physical - to SR / Major injury	A+	OI	OI	DMHAS
AB310	ABUSE	Verbal / Psychological / Mistreatment	B	CIMU	CIMU	DMHAS
AB410	ABUSE	Sexual - to SR / sexual contact / other	A	OI	OI	DMHAS
AB420	ABUSE	Sexual - to SR / penetration / genital contact / oral sex	A+	OI	OI	DMHAS
AS114	ASSAULT	Physical - SR to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS116	ASSAULT	Physical - SR to SR / Major Injury	A	DMHAS	DMHAS	DMHAS
AS124	ASSAULT	Physical - SR to Staff / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS126	ASSAULT	Physical - SR to Staff / Major Injury	A	DMHAS	DMHAS	DMHAS
AS134	ASSAULT	Physical - SR to Other / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS136	ASSAULT	Physical - SR to Other / Major Injury	A	DMHAS	DMHAS	DMHAS
AS314	ASSAULT	Physical - Other to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS316	ASSAULT	Physical - Other to SR / Major Injury	A	DMHAS	DMHAS	DMHAS
CN110	CONTRABAND	Alcohol - SR - Possession / Use (SUD only)	B	SO	SO	DMHAS
CN120	CONTRABAND	Drugs - SR - Possession / Use (SUD only)	B	SO	SO	DMHAS
CN210	CONTRABAND	Alcohol - Staff - Possession / Use (SUD only)	A	SO	SO	DMHAS
CN220	CONTRABAND	Drugs - Staff - Possession / Use (SUD only)	A	SO	SO	DMHAS
CN310	CONTRABAND	Weapons - SR - Staff / Possession / Use (SUD only)	A	SO	SO	DMHAS
CR400	CRIMINAL ACTIVITY	Alleged criminal activity of SR or staff and/or other-on or off site in accordance with NJ criminal statute title 2C.	A	DMHAS	DMHAS	DMHAS

Residential: Residential, Supported Housing, RIST, SA-STR, SA-LTR, SA-Halfway House, SA-Extended Residential Care, & Residential Detox (hospital &non hosp).

Ambulatory Licensed: MH-Partial Care, MH-Outpatient, IOTSS, EISS, PACT, SA-Partial Care, SA-Outpatient, SA-IOP, OP-Detox (non hosp), Opiate Tx & SUD-Outpatient (C

Other Non-Licensed: Supported Employment, Supported Education, PATH, JIS, Partial Hospital, ICMS, PES, IOC, POST.

Initial Incident Reporting Time Frames

Incidents are identified by priority level, using the incident category grid:

- **A+ Incidents:** Report **immediately** by **telephone to the DMHAS Unusual Incident Coordinator**. Submit initial incident report the same day.

- **A Incidents:** Submit a written incident report the same working day during normal working hours. If the incident occurs after regular working hours, forward the written incident report the next working day.

- **B Incidents:** Submit a written incident report by the next working day.

Timeliness is Important!

- Report the incident to the corresponding UIR Coordinator based on the identified county where the incident occurred.
- Do not delay submission if information is missing.
- Agencies are required to establish internal policies for incident reporting to comport with DHS policies and regulations.

Policy note:

Agencies operating programs for children and youth should follow DHS reporting guidelines if the program is licensed by DHS.

The Department of Children and Families (DCF) may have additional reporting requirements for agencies licensed by DHS and serving children/youth through funding and/or a contract with DCF. Agencies who have programs in this category should adhere to reporting requirements for both Departments.

Additionally:

"In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the Department of Children and Families, State Central Registry (SCR). If the child is in immediate danger, call 911 as well as ***1-877 NJ ABUSE (1-877-652-2873)****. A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously."*

Policy note:

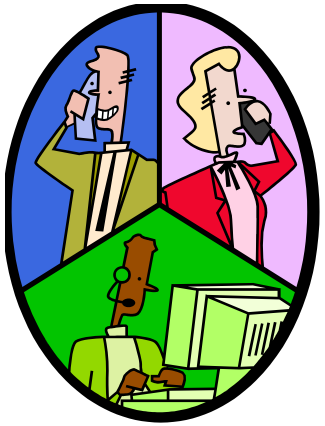
Agencies providing mental health services to consumers also receiving services from the DHS Division of Developmental Disabilities (DDD):

- Follow Division of Developmental Disabilities' policies related to the types of incidents/allegations reportable involving DMHAS consumers served by DDD.

- Incidents involving consumers served by both DDD and DMHAS should be reported to the DMHAS UIR Coordinator.

Additional notifications may include:

- Local Law Enforcement
- New Jersey Department of Health
- Department of Children & Family Services
- Adult Protective Services
- Professional Licensing Boards
- New Jersey Department of Environmental Protection
- CDC

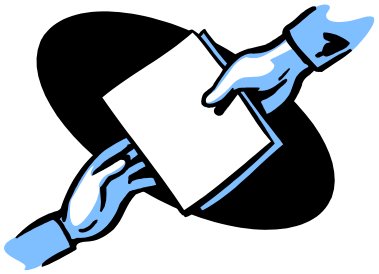


NOTE: The DMHAS UIR Coordinator will guide the agency when additional notifications are necessary.

Initial incident report and follow-up report documents are confidential!

Contains protected health information.

Not permitted to be released to outside entities without a court order.



Not Sure Something is Reportable?

- ✓ **Check Administrative Order 2:05, Incident Reporting Grid and/or other training materials.**
- ✓ **Contact your UIR Coordinator (effective 11/01/2015):**

  Vanessa Coquillo (609-984-9355): Hunterdon, Mercer, Monmouth, Somerset

  Izabel Galka (973-977-4397): Bergen, Hudson, Middlesex, Morris, Sussex

  Ebonik Gibson (609-777-0068): Atlantic, Cumberland, Gloucester, Passaic, Union

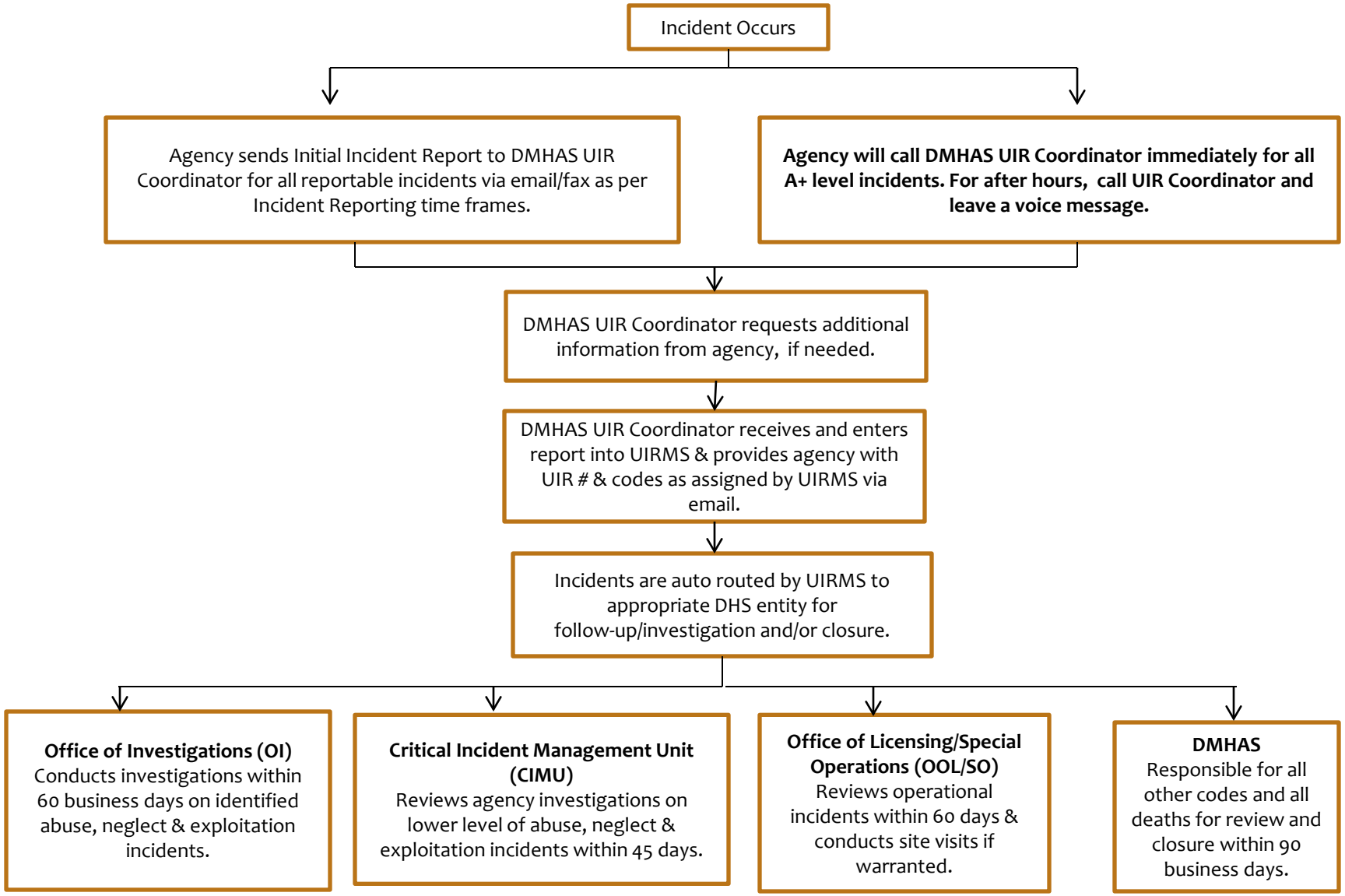
  Marcus Trinidad (609-777-0763): Burlington, Camden, Cape May, Ocean

  John Williams (609-777-1211): Essex, Salem, Warren
- ✓ **Contact the Critical Incident Management Unit:**

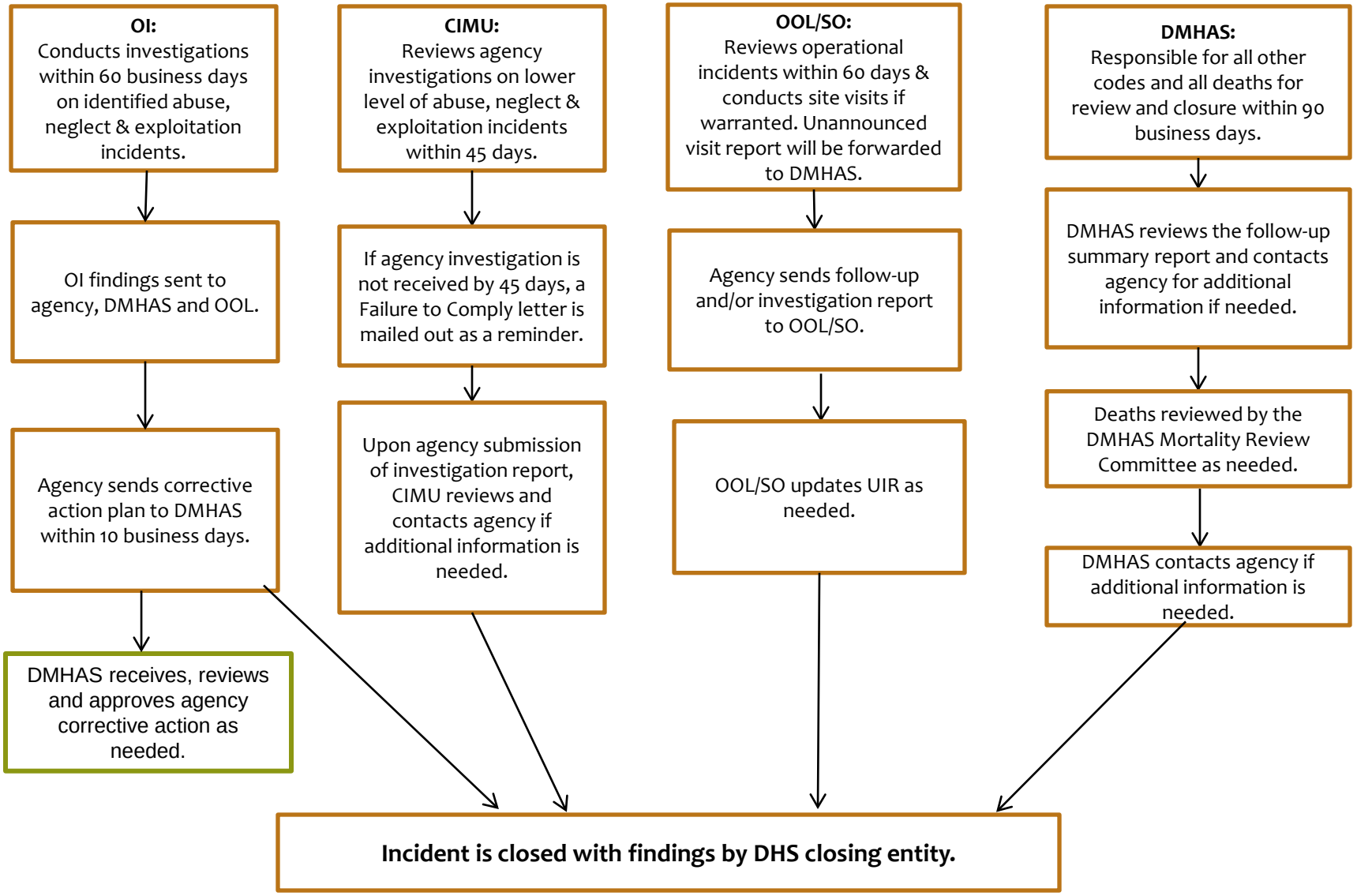
  Miloni Bhatt (609-292-5735)

  Mirka Kuba (609-292-5501)
- ✓ **Report**

DMHAS Community Unusual Incident Reporting Process



DMHAS Community Unusual Incident Follow-up/Closure Process



Before Filing an Incident Report…

- Immediately report life-threatening emergencies by calling 911;
- Ensure victim is safe - alleged perpetrator cannot access alleged victim;
- Obtain medical/mental status assessment and/or medical treatment for the alleged victim for suspected, observed or possible injury;
- Ensure evidence is preserved;
- Follow all established DHS and agency policies for incident reporting;
- Make all other appropriate notifications - DHS, agency administration, guardian/family, other per DHS policy.

INCIDENT REPORT FORMS

- Initial Incident Report Form – due the same business day or next business day depending upon incident category

- Follow-up Report Form – due within 45 days of incident first known to agencies

- Appendices 1, 2, 2a, 3, and 4 – applicable appendices are required to be completed, used to help guide the analysis/investigatory process, used for process/system improvements and are to be attached to the Follow-up Report Form

- ***UIR Forms are available at:***
  http://www.state.nj.us/humanservices/dmhas/forms/#11

Follow-up Reports

- Due within 45 calendar days
- Incidents which do not require follow-up reports:

  - Medical and Psychiatric Hospitalizations
  - Contraband
  - Elopement
  - Walkaway
  - Media Interest
  - Criminal Activity

Policy note: Operational incidents **REQUIRE** a follow-up report, but **do not** require the use of appendices.

FOLLOW-UP REPORTS and APPENDICES: (continued)

Follow-up reports are to include:
* Appendix 1 should always be completed.

In addition:

- Appendix 2 is used in all cases when the consumer has been diagnosed with a substance use disorder, if they are receiving substance use treatment, if they are known to have used/abused substances in the past, if the incident is directly related to substance use, and/or if the mention of substance use is in the narrative of the report.

- Appendix 2a is used in all cases when the consumer has overdosed or if there is suspicion of an overdose; including an accidental overdose which resulted in death. If Appendix 2a is completed, Appendix 2 is not necessary.

- Appendix 3 is used for all sudden and unexpected deaths.

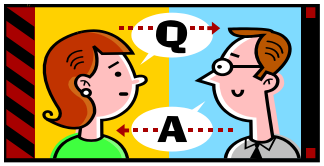
- Appendix 4 is used for all suicides and/or suicide attempts; including intentional overdose.

Use required Appendices to ensure thoroughness.

Investigative Points

- Document and report steps taken in accordance with DHS policy;
- Ensure all investigations are conducted by administrative person not directly involved in the incident under investigation/related to the alleged perpetrator or victim;
- Begin an investigation of the incident within 24 hours of the incident unless otherwise instructed by the OI or another entity empowered by statute to investigate (local law enforcement/state police).
- Use the appropriate UIR Forms and Appendices available at: http://www.state.nj.us/humanservices/dmhas/forms/#11

Incident Findings



All incidents require one of the following findings prior to closure:

- **Substantiated:** There is a preponderance of credible evidence that an allegation or a situation is true and/or occurred.

- **Unsubstantiated:** There is less than preponderance of credible evidence, facts, or information to support that the allegation or situation is true and/or occurred.

- **Unfounded:** There is no credible evidence, information or facts to support that the allegation or situation is true and/or occurred.

Preponderance of evidence: means that there is evidence sufficient to generate a belief that the conclusion is likely and more probable than not. It is the greater weight of credible evidence, the tipping of the scales.

A preponderance of evidence does not necessarily mean the largest amount of data or the largest number of witnesses. The focus is on the quality of the evidence.

Role of Office of Investigations (OI)

- ✓ An assigned DHS OI investigator;
- ✓ Face to face and/or phone interviews of identified:
  - alleged victims
  - alleged perpetrators
  - witnesses
  - other collateral contacts as needed
- ✓ Document gathering and review;
- ✓ Review of evidence and information;
- ✓ Determine if there is a preponderance of evidence to substantiate allegation/ incident;
- ✓ Issuance of an official DHS finding/notification to agency and alleged victim/perpetrator.

Plan of Correction Required for Substantiated Incidents or Related Concerns

An acceptable Plan of Correction must contain the following elements:

- Underlying reason/cause identified for the deficiency cited.
- The plan for improving processes that led to the finding cited (including addressing systems improvements to prevent the likelihood of recurrence) including completion date.
- Monitoring/tracking procedures to ensure the plan of correction is effective and specific findings cited remain corrected and in compliance with the agency's policies and procedures and reflective of best practice.
- Include length of time to monitor and title of person responsible for implementing the plan of correction.
- Plan of Correction required if Substantiated or Related Concerns – Submitted to Office of Olmstead, Compliance, Planning, and Evaluation

DHS Contacts

Critical Incident Management Unit (CIMU)
Fax: 609-341-2260
Miloni Bhatt: 609-292-5735
Mirka Kuba: 609-292-5501

Office of Investigations (OI)
Fax: 609-777-4812
Miguel Cartagena: 609-777-1460
Martin Temple: 609-633-0768

Office of Licensing/Special Operations Unit (OOL/SO)
Barbara Burke-McAllister (SUD): 609-292-0519
Fax: 609-777-1229
Michele Clark (MH): 609-633-6932
Fax: 609-341-2256

Thank you for your cooperation and ongoing efforts in this important process.