

Reporting in CHRIS: Abuse, Neglect and Human Rights Complaints

Supplemental Slides

Office of Human Rights Training Series



Virginia Department of
Behavioral Health &
Developmental Services

Entering a New Case



- To enter a new case, you must start by selecting "by Name"

CHRIS VERSION 5.1

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

Agency CD:12713 , User Role: 23

by Name

by Abuse Case

by Complaint Case

by Death/Injury Case

Case Number				
Name (First, Last)				

Search

CHRIS entries are to be made for the **VICTIM**

Entering a New Case: Demographic Data



Select Individual Abuse Information Complaint Information Death/Incident

CHRIS VERSION 5.1

* denotes a required field

^ additionally required fields for CSBs and Private Providers

*Name (First, MI, Last)	Bugs		Bunny
SSN (no dashes)	000112222		
	Current Address where individual is living		
^ Street	123 OHR Way		
^ City, ^State, ^Zip	Richmond	VA	22222
Phone	(804) 333-4444	Phone (###) ###-####	
	Provider Primary Address		
Street			
City, State, Zip	Chesterfield	VA	

3

Entering a New Case: *Demographic Data*



DEMOGRAPHICS

*Date of Birth (format: 99/99/9999)	01/01/1990		
*Race	Other	*Gender	Male
Medicaid Number	999999999999		
Substitute Decision Maker	<input type="radio"/> No <input checked="" type="radio"/> Yes	Name Yosemite Sam	
Relationship to Individual	Relative (Other Family) <ul style="list-style-type: none"> Healthcare Agents/POA/AD Legal Guardian/Attorney in Fact Spouse Adult Son/Daughter Parents Relative (Other Family) Next Friend Other 		

[Back to top](#)

Each time a new case is entered, make sure to identify whether there is a Substitute Decision Maker (AR), along with that person's specific relationship to the Individual.

Entering a New ANE Complaint: Allegation Tab



Individual | Allegation | Notification | Accusation | Witnesses | Investigation | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny



Select an existing abuse case below or [here](#) to add a new incident.

Counter	AbuseDate	Description	
97693	20210004	01-23-2021	At approximately 5:45 p.m. on 9/26/19, the Individual was sitting in the kitchen talking to a peer as the DSP was preparing dinner. The DSP verbally redirected the individual for making inappropriate, non-threatening comments towards his peer. The individual became angry evidenced by him throwing a cup towards the DSP's head. The DSP reacted by walking toward the individual and yelling, "What's your problem?" The individual spat in the DSP's face and the DSP responded by slapping the individual in the face.

Abuse ID:	97693 Abuse Counter: 20210004	* Abuse Date (format: 99/99/9999)	<input type="text" value="01/23/2021"/>
Provider:	Pixar Group Homes	*Service Type	ID Group Home
Location:	DD Residential Homes	* Specific Site of Abuse	Kitchen
Street	123 Disney Lane	* Waiver	Individual receiving a waiver service?
City	Chesterfield		<input type="radio"/> No <input checked="" type="radio"/> Yes
State	VA	* Waiver Type	Community Living waiver (CL)
Zip	23832		Required if receiving waiver service.
*FIPS	Chesterfield	* Case Management Provider	Colonial Behavioral Health
*Medicaid Number	999999999999 Required if receiving waiver service.		Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

Entering a New ANE Complaint: Allegation Tab



DETAILS

<p>* Type. (Select All that apply)</p>	<input checked="" type="checkbox"/> Physical <input type="checkbox"/> Exploitation	<input type="checkbox"/> Sexual <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Verbal	<input type="checkbox"/> Seclusion/Restraint Type of Restraint <input type="text"/>	<input type="checkbox"/> Neglect (Peer-to-Peer) <input type="checkbox"/> Neglect (Non-Peer-to-Peer)
<p>*Describe the Abuse</p>	<p>At approximately 5:45 p.m. on 9/26/19, the Individual was sitting in the kitchen talking to a peer as the DSP was preparing dinner. The DSP verbally redirected the Individual for making inappropriate, non-threatening comments towards his peer. The Individual became angry evidenced by him throwing a cup towards the DSP's head. The DSP reacted by walking toward the Individual and yelling, "What's your problem?" The Individual spat in the DSP's face and the DSP responded by slapping the Individual in the face.</p> <p><input type="button" value="Check Spelling"/></p>				

INJURIES

<p>*Individual Injured?</p>	<input type="radio"/> No <input checked="" type="radio"/> Yes
<p>Type of Injury: (Select All that apply)</p>	<input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Lacerations <input type="checkbox"/> Death <input type="checkbox"/> Burns <input type="checkbox"/> Other Injury
<p>Medical Attention provided?</p>	<input type="radio"/> No <input checked="" type="radio"/> Yes
<p>Medical Attention Type</p>	<input checked="" type="radio"/> NonEmergency <input type="radio"/> Emergency
<p>Description of Medical Treatment Provided & Finding</p>	<p>The Program Supervisor administered First Aid by applying an ice pack.</p>

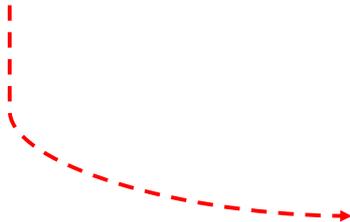
Complaints (allegations) are against staff, NOT Individuals or their peers!

Entering a New ANE Complaint: Allegation Tab



REPORTING

Who made the allegation?	
Name (First, MI, *Last)	Minnie <input type="checkbox"/> Mouse
Title	Self
* Date Allegation made (format: 99/99/9999)	01/26/2021
To whom did they report it?	
Name (First, MI, *Last)	Mickey <input type="checkbox"/> Mouse
Title	Program Manager



Who reported it to the Director?	
Name (First, MI, *Last)	Mickey <input type="checkbox"/> Mouse
*Date/Time Reported (format: 99/99/9999)	01/26/2021
* (hh:mm AM or PM)	02:00 PM
Who entered report in CHRIS?	
Name (First, MI, *Last)	Donald <input type="checkbox"/> Duck
*Phone	(804) 555-5555 Phone(###) ###-####
<input type="button" value="Save"/>	<input type="button" value="Cancel"/> <input type="button" value="Delete"/> <input type="button" value="Print Abuse"/>

Entering a New ANE Complaint: Notification Tab



Individual | Allegation | **Notification** | Accusation | Witnesses | Investigation | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.1

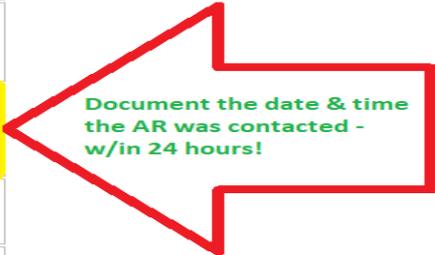
* denotes a required field

Bugs Bunny

Please use this form to enter all the information about who was notified and when.

NOTIFICATION DATES & TIMES

	Date / Time (mm/dd/yyyy hh:mm AM or PM)	
Director	1/26/2021 2:00:00 PM	
Licensing (format: 99/99/9999) (hh:mm AM or PM)		
*DBHDS Advocate (format: 99/99/9999) (hh:mm AM or PM)	01/27/2021	01:24 PM
	7/20/2021 1:24:00 PM	
Substitute Decision Maker (format: 99/99/9999) (hh:mm AM or PM)	01/27/2021	10:00 AM
DMAS (format: 99/99/9999) (hh:mm AM or PM)		
Other (format: 99/99/9999) (hh:mm AM or PM)		
If Other, who was it:		



Entering a New ANE Complaint: Notification Tab



DEPARTMENT OF SOCIAL SERVICES

Name (First, MI, Last)	Daffy	Duck
Date/Time Notified (format: 99/99/9999) (hh:mm AM or PM)	01/27/2021	11:00 AM
Method of Notification	Phone	
DSS Findings	Chose not to participate	

POLICE

	<input type="checkbox"/> Suspected Criminal activity
Local Police	
Name	
Department	
Date Notified	
State Police	
Name	
Department	
Date Notified	
	<input type="button" value="Save"/>

Entering a New ANE Complaint: Accusation Tab



Individual | Allegation | Notification | **Accusation** | Witnesses | Investigation | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

Select an existing record below or [here](#) to add a new **Alleged Against Person** → **ACCUSED = STAFF**

Select	ID	First	MI	Last
	105991	Wile	E	Coyote

Name (First, MI, *Last)	<input type="text" value="Wile"/> <input type="text" value="E"/> <input type="text" value="Coyote"/>												
Position/Relation	Human Service Care Staff Member ▼												
Birthdate	<input type="text"/>												
Actions Taken	<table border="0"> <tr> <td><input type="checkbox"/> Terminated</td> <td><input type="checkbox"/> Written Counseling</td> </tr> <tr> <td><input type="checkbox"/> Transferred</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input checked="" type="checkbox"/> Suspended</td> <td><input type="checkbox"/> Referral to Judicial System</td> </tr> <tr> <td><input type="checkbox"/> Resigned</td> <td><input type="checkbox"/> Accused Not Employee</td> </tr> <tr> <td><input type="checkbox"/> Remedial Training</td> <td><input type="checkbox"/> No Action</td> </tr> <tr> <td><input type="checkbox"/> Verbal Counseling</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Terminated	<input type="checkbox"/> Written Counseling	<input type="checkbox"/> Transferred	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Suspended	<input type="checkbox"/> Referral to Judicial System	<input type="checkbox"/> Resigned	<input type="checkbox"/> Accused Not Employee	<input type="checkbox"/> Remedial Training	<input type="checkbox"/> No Action	<input type="checkbox"/> Verbal Counseling	<input type="checkbox"/> Other
<input type="checkbox"/> Terminated	<input type="checkbox"/> Written Counseling												
<input type="checkbox"/> Transferred	<input type="checkbox"/> Monitoring												
<input checked="" type="checkbox"/> Suspended	<input type="checkbox"/> Referral to Judicial System												
<input type="checkbox"/> Resigned	<input type="checkbox"/> Accused Not Employee												
<input type="checkbox"/> Remedial Training	<input type="checkbox"/> No Action												
<input type="checkbox"/> Verbal Counseling	<input type="checkbox"/> Other												
Remarks about Actions	As of 1/27/21, the DSP was placed on administrative leave pending the outcome of the investigation.												

Save **Delete**

Entering a New ANE Complaint: *Witnesses Tab*



Individual | Allegation | Notification | Accusation | **Witnesses** | Investigation | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

Select an existing witness below or [here](#) to add a new witness.

	ID	First	MI	Last
Select	80449	Popeye		Sailor-Man
Select	80450	Elmer		Fudd

Any person witness to or involved in the incident should be interviewed and their name documented here. The Individual should always be interviewed, when possible.

	Witness		
Name <i>First, MI</i> * Last	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="Save"/>	<input type="button" value="Delete"/>	

Entering a New ANE Complaint: Investigation Tab



Individual	Allegation	Notification	Accusation	Witnesses	Investigation	DBHDS Advocate Report	LHRC	SHRC
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CHRIS VERSION 5.1

Bugs Bunny

Investigation Begin Date (hh:mm AM or PM)	01/27/2021	08:30 AM
Investigator's Name	Walt	Disney
Date of Investigator's Final Report	02/05/2021	7/20/2021 1:39:00 PM



DIRECTOR OR INVESTIGATION AUTHORITY'S DISPOSITION

Enter a disposition ONLY for the A/N investigated.

What type of Abuse/Neglect occurred? (check all that apply)

Physical Abuse	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Sexual Abuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Verbal Abuse	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Seclusion /Restraint	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Neglect Non-Peer to Peer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect Peer to Peer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Exploit	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo

Entering a New ANE Complaint: *Investigation Tab*



Rationale	<input checked="" type="checkbox"/> Eyewitness Statements <input checked="" type="checkbox"/> Staff Admissions <input checked="" type="checkbox"/> Failure to Follow Behavior/Mgmt Plan <input type="checkbox"/> Failure To Follow Policy <input type="checkbox"/> Witness Credibility <input checked="" type="checkbox"/> Other
Other Rationale	Review of recorded video surveillance.
Decision Date	02/10/2021
Reason for Corrective Action <i>(Check all that apply)</i>	<input type="checkbox"/> Documentation of individual's activities <input type="checkbox"/> Unauthorized use of restraint techniques <input type="checkbox"/> Policy & Procedures Don't Exist <input type="checkbox"/> Policy & Procedures in Conflict with Requirement <input type="checkbox"/> Failure To Report Abuse/Neglect Allegation <input type="checkbox"/> Clinical Issue <input type="checkbox"/> Environmental/Physical Plant Issue <input checked="" type="checkbox"/> Inappropriate Behavior/ Verbal Exchange w/Individuals <input type="checkbox"/> Duplicate Issue/Cases <input checked="" type="checkbox"/> Performance Issue - Substantiated <input type="checkbox"/> Performance Issue - Unsubstantiated <input type="checkbox"/> Systemic - Substantiated <input type="checkbox"/> Systemic - Unsubstantiated

Date Director finalized the decision.

Entering a New ANE Complaint: Investigation Tab



Corrective Actions Taken
(Check all that apply)

- Reinforce policy and procedure
- Train individual staff
- Train all staff
- Increase supervision (change patterns of supervision)
- Increase staffing
- Supervisory/Administrative staff change/action
- Environmental modification
- Support plan modification
- Individual(s) were moved
- Improve QA
- Appropriate staff action taken
- Appropriate notification to Office of Licensing made

Appropriate corrective action implemented, NOT that staff acted appropriately!

Appropriate Staff Action Taken Description:
Accused staff was terminated upon conclusion of the investigation. All staff were provided an in-service to retrain and reinforce policies and procedures regarding appropriate interaction with individuals and TOVA.

Appropriate Notification to Office of Licensing Description:

NOTIFICATION OF DECISION AND RIGHT TO APPEAL

	Date
DBHDS Advocate	02/11/2021
Individual	02/11/2021
Substitute Decision Maker	02/11/2021

Entering a New ANE Complaint: Investigation Tab, cont'd.



RESPONSIBLE DBHDS ADVOCATE

Name (First, MI, Last)	Human Rights	Advocate
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CASE STATUS

Status	Pending/under investigation
Date Case Closed	<input type="text"/>
Point of Resolution	Director
Individual Decision	Agrees with directors decision or action plan

Status

- Pending/under investigation
- Pending/under investigation
- Pending/CO review (State facilities only)
- Pending/LHRC review
- Pending/SHRC review
- Pending/other
- Closed

Point of Resolution

- Director
- Commissioner
- Director
- LHRC
- SHRC

Individual Decision

- Agrees with directors decision or action plan
- Disagrees with directors decision or action plan
- Disagrees with directors decision or action plan - declines appeal

	Closed by
Name (First, MI, Last)	<input type="text"/>
Save	

Entering a New ANE Complaint: *Advocate Report*



Individual Allegation Notification Accusation Witnesses Investigation **DBHDS Advocate Report** LHRC SHRC

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

Select an existing Report below or [here](#) to add a new Action

	ID	Date	DBHDS Advocate Action	Remarks
Select	174970	1/27/2021	Monitored investigation	Advocate reviewed allegation. AIM needed. Advocate will coordinate with the provider to assess safety. HRA
Select	174971	1/27/2021	Communication with Provider	Advocate s/w provider to schedule AIM visit. HRA
Select	174972	1/27/2021	AIM Visit	Advocate met w/ individual and 2 peers. No safety concerns. Reviewed incident reports. There were no human rights concerns. Will fu for implementation of corrective action (pending outcome of investigation). HRA
Select	174973	2/10/2021	Monitored investigation	Investigation completed and substantiated for physical & verbal abuse. HRA
Select	174974	2/10/2021	Communication with Provider	Advocate s/w provider via phone to confirm disposition. Provider confirmed substantiated findings. Advocate informed provider that a citation recommendation for violation of 12VAC35-115-50 (B)(2) would be sent to the OL. Provider did not have any questions. HRA
Select	174975	2/11/2021	Citation of Violation sent to Office of Licensing	Advocate sent citation recommendation for 50 (B)(2) to OL. HRA
Select	174976	2/20/2021	OL CAP Correspondence	Advocate received CAP response from provider. Corrective action correctly documented on investigation page. Advocate accepted CAP and notified provider & OL. HRA
Select	174977	2/20/2021	Verified Corrective Action	Advocate confirmed accused staff termination via documents emailed by provider. HRA
Select	174978	2/20/2021	Ok to close case	No additional questions or concerns. No further action needed. OK to close. HRA

Entering a New Assured Right Complaint: Complaint Tab



Individual **Complaint** Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

Select an existing complaint case below or [here](#) to add a new incident.

Counter	ComplaintDate	Description	
31010	20190004	09-26-2019	Individual alleged that the DSP would not allow him to keep his mobile phone in his bedroom at night.

Complaint ID:	31010	Complaint Counter: 20190004	*Complaint Date (format: 99/99/9999)	09/26/2019
Provider:			*Service Type	ID Group Home
Location:	DD Residential Homes		* Specific Site of Complaint	Family Room (e.g.: "Bathroom")
Street City, State, Zip *FIPS	(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)		* Waiver	* Individual receiving a waiver service? <input type="radio"/> No <input checked="" type="radio"/> Yes
*Medicaid Number	999999999999	Required if receiving waiver service.	* Waiver Type	Community Living waiver (CL) Required if receiving waiver service.
			* Case Management Provider	Chesterfield Community Services Board Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

Entering a New Assured Right Complaint: Complaint Tab



COMPLAINT

*Category	Services in Accordance with Sound Therapeutic Practices 12 VAC 35-115-60
*Sub-Category	Assurance of Legal Rights 12 VAC 35-115-20 and 12 VAC 35-115-40 Dignity 12 VAC 35-115-50 Participation in Decision making and consent 12 VAC 35-115-70 Research 12 VAC 35-115-130 Work 12 VAC 35-115-120
*Description of Complaint/Relief Requested	Access to and amendment of services record 12 VAC 35-115-90 Notification to individual Complaint Review Process 12-VAC 35-115-150-210 Services in Accordance with Sound Therapeutic Practices 12 VAC 35-115-60 Confidentiality 12 VAC 35-115-80 Restrictions on freedoms of everyday life 12 VAC 35-115-100 Use of Seclusion, restraint and time out 12 VAC 35-115-110 Determination of capacity to give consent or authorization 12 VAC 35-115-145 Authorized representatives 12 VAC 35-115-146 Behavioral Treatment Plans 12 VAC 35-115-105 Complaint and Fair Hearing - Inactive as of February 8, 2017 12 VAC 35-115-140

REPORTING

Who made the allegation?		Who reported it to the Director?	
Name (First, MI, *Last)	Bugs <input type="checkbox"/> Bunny <input type="checkbox"/>	Name (First, MI, *Last)	Bugs <input type="checkbox"/> Bunny <input type="checkbox"/>
Title	Individual <input type="text"/>	*Date Reported (format: 99/99/9999)	10/06/2020 <input type="text"/>
*Date Complaint made (format: 99/99/9999)	10/06/2020 <input type="text"/>	Who entered report in CHRIS?	
To whom did they report it?		Name (First, MI, *Last)	Donald <input type="checkbox"/> Duck <input type="checkbox"/>
Name (First, MI, *Last)	Mickey <input type="checkbox"/> Mouse <input type="checkbox"/>	*Phone	(804) 555-5555 Phone(###) ###-####
Title	Executive Director <input type="text"/>	<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Delete"/> <input type="button" value="Print Complaint"/>	



Entering a New Assured Right Complaint: *Accusation Tab*



Individual	Complaint	Accusation	Witnesses	Findings	DBHDS Advocate Report	LHRC	SHRC
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CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

Select an existing Complaint below or [here](#) to add a new Alleged Against Person

	ID	First	MI	Last
Select	6541	Wile	E	Coyote

	Add new record...		
Name (First, MI, *Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Position/Relation	<input type="text" value=""/>		
	<input type="button" value="Save"/>		

Entering a New Assured Right Complaint: *Witnesses Tab*



Individual	Complaint	Accusation	Witnesses	Findings	DBHDS Advocate Report	LHRC	SHRC
------------	-----------	------------	-----------	----------	-----------------------	------	------

CHRIS VERSION 5.1

Bugs Bunny

Select an existing witness below or [here](#) to add a new witness.

	ID	First	MI	Last
Select	5935	Daffy		Duck

	Add new record...		
Name (First, MI, Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="Save"/>	<input type="button" value="Delete"/>	

Entering a New Assured Right Complaint: *Findings Tab*



Individual | Complaint | Accusation | Witnesses | **Findings** | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

FINDINGS :

Violation

COMPLAINT FINDINGS

* Date Investigation Initiated	09/27/2019
* Point of Resolution	Director
* Resolution	Individual Accepts Resolution
* Date Resolution offered	10/03/2019
If other:	N/A
* Description of Resolution Offered:	Individual was advised that the accused would be retrained on all policies and regulations, including HCBS and human rights. The Individual was advised that he could keep his phone in his room throughout the night.
	<input type="button" value="Check Spelling"/>

Violation

- Violation
- No Violation
- Other

* Point of Resolution

Director

- Below Director
- Commissioner
- Director
- LHRC
- SHRC

* Resolution

Individual Accepts Resolution

- Complaint Withdrawn
- Individual Discharged
- Individual Accepts Resolution
- Referral to LHRC
- Declined LHRC Appeal
- No Action Required
- Appeal to Exec Director - Inactive as of February 8, 2017
- Other

Entering a New Assured Right Complaint: *Findings Tab*



NOTIFICATION OF RIGHT TO APPEAL

Date Individual/AR notified	10/03/2019
Date Resolution Accepted/Declined	10/03/2019
	<input type="checkbox"/> Unable to notify
Notification Remarks	A certified letter was mailed to the AR.
	<input type="button" value="Check Spelling"/>

RESPONSIBLE DBHDS ADVOCATE

Name (First, MI, Last)	Human Rights	Advocate
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CASE STATUS

Status	Pending/under investigation
Date Case Closed	
Closed by	
Name (First, MI, Last)	
	<input type="button" value="Save"/>

Status	Pending/under investigation
	Pending/under investigation
	Pending/LHRC review
	Pending/SHRC review
	Pending/other
	Closed



Entering a New Assured Right Complaint: *Advocate Report*



Individual	Allegation	Notification	Accusation	Witnesses	Investigation	DBHDS Advocate Report	LHRC	SHRC
------------	------------	--------------	------------	-----------	---------------	-----------------------	------	------

CHRIS VERSION 5.1

* denotes a required field

Bugs Bunny

Select an existing Report below or [here](#) to add a new Action

	ID	Date	DBHDS Advocate Action	Remarks
Select	111662	9/30/2019	Monitored investigation	Allegation reviewed. AIM 24 needed. Will coordinate w/ provider to schedule. Will continue to monitor. Due 10/11. OHR Advocate
Select	111663	9/30/2019	AIM Visit	S/w provider (Walt Disney) and scheduled AIM for 10/11/19. OHR Advocate
Select	111670	9/30/2019	Memo to provider	Emailed provider to enter investigation begin date/time and investigator's name on the Investigation page. OHR Advocate
Select	111664	10/11/2019	AIM Visit	Met w/ Individual and 2 peers. No safety concerns. Reviewed personnel records, incident reports. There were no human rights issues. Will f/u for implementation of corrective action. Tour of the home found 2 of 5 smoke detectors inoperable and outdated fire extinguishers. OL will be notified. OHR Advocate
Select	111665	10/2/2019	Consulted with provider	Provider requested extension until 10/16 due to investigator's illness. Extension granted. OHR Advocate
Select	111666	10/2/2019	Referral to the Office of Licensing	OL Specialist advised of issues found during tour of home. OHR Advocate
Select	111667	10/14/2019	Reviewed investigation report	Investigation completed and substantiated. Provider confirmed disposition during phone call. Provider advised that citation would be requested due to violation of human rights. OHR Advocate
Select	111668	10/14/2019	Citation of Violation sent to Office of Licensing	Request for citation sent to OL for violation of 12VAC35-115-50. B.2. OHR Advocate
Select	111669	10/23/2019	Ok to close case	Advocate received evidence of corrective action (staff terminated). No additional questions/concerns. No further action needed. OK to close. OHR Advocate

Practical Application



Examples of complaints involving and NOT involving ANE:

- Individual states they were told they are being discharged from psychosocial rehab and would like to file a complaint due to not wanting to leave the program. When asked why they are being discharged, they state because they were told they met their goals.
 - ✓ **A complaint should not be filed due to no complaint of discrimination or other potential human rights violations. The individual may be directed to the Licensing complaint process at <http://www.dbhds.virginia.gov/quality-management/Office-of-Licensing> to determine if the provider was following their discharge policy.**
- Individual states they do not agree with their Suboxone dosing schedule at the SA clinic stating they need more than what is being given / being tapered too soon.
 - ✓ **No complaint would be filed due to this being the provider's policy and a medical decision by the physician.**
- Individual states the staff member in the group home disabled her motorized wheelchair and "parked" her in the corner of the hallway facing the wall due to her behaviors.
 - ✓ **This would be entered in and investigated as abuse as improper usage of seclusion and may also be investigated as psychological abuse using the other category in CHRIS.**