

Office of Human Rights (OHR)
Computerized Human Rights Information System (CHRIS)
Corrective Action Reference Guide
Issued November 24, 2025

This document is designed as a reference guide for all providers of services that are licensed, funded or operated by DBHDS when completing the corrective action sections under the “Investigation” tab for CHRIS Abuse reports. This document provides the intended meaning for each corrective action selection in order to increase consistency and understanding. OHR is aware unique situations will arise outside of these examples—in these cases, use your best judgment to complete the report within regulatory timeframes and then consult with your assigned advocate.

The following selections are listed in CHRIS as “Reasons for Corrective Action” because they are based on the premise that a need for corrective action was identified during the course of the investigation. The “reason” selected should relate to the specific information that contributed to the decision that corrective action is necessary. A provider’s corrective action selections should also align with the actions identified in response to a CAP (licensing report), or DBHDS Facility Violation Letter.

Providers are not required to make a selection under “Reason For Corrective Action” and “Corrective Actions Taken”, if they are not actually taking corrective actions. In contrast, multiple reasons and corrective actions can be checked.

Reason for Corrective Action (Check all that apply)

- Documentation of individual’s activities ○ A review of documentation of the individual’s activities led to a need for corrective action to be taken by the provider.
 - Example: Documentation of repeated bullying, which then led to moving an individual to a different unit in a hospital or a different assigned room in a day program.
- Unauthorized use of restraint techniques ○ A staff member uses restraint techniques on an individual that are not in compliance with applicable federal or state regulations, agency/provider policy or the behavioral management program.
 - Example: Using a prone restraint on an individual or placing pressure on joints.
- Policy & Procedures Don’t Exist ○ The provider does not have an identified policy or procedure for staff to follow which contributed to the investigation finding. This may be related to a systemic finding. A systemic finding is when the violation is relating to

the providers' overall operation or multiple and interconnected processes, as opposed to a particular staff person or a singular decision.

- Example: The program did not have an identified accountability procedure, and an individual is forgotten at a location without appropriate supervision.
- Policy & Procedures in Conflict with Requirement ○ Staff members were following an agency policy that is not in compliance with applicable regulations. This may be related to a systemic finding.
 - Example: The residential provider has a procedure which allows staff to tell a person they may not come out of their bedroom until they are calm.
 - Example: The provider policy allows staff to report alleged abuse to their supervisor “no later than the next business day”, which conflicts with the requirement for the provider to take immediate action to protect the individual and to report alleged abuse to the department within 24 hours.
- Failure to Report Abuse/Neglect Allegation ○ A staff member becomes aware of an allegation of abuse or neglect and does not report in accordance with regulatory expectations.
 - Example: An individual tells a staff member that another staff member hit them. The DSP does not report **or** waits until the next day to report.
 - Example: Adult Protective Services (APS) conducted an investigation with the provider concerned alleged abuse or neglect and the provider did not report the allegation in CHRIS.
- Clinical Issue ○ The clinical condition of the individual was not taken into account, or an unsound clinical decision was made, which led to an incident.
 - Example: Two individuals with a history of aggression toward one another are assigned as roommates in a residential facility and a peer-to-peer incident occurs.
- Environmental / Physical Plant Issue ○ The physical environment of the licensed service or state facility causes or contributes to a reportable incident.
 - Example: The water temperature at a group home or on a unit is not properly regulated and the individual is scalded while showering.
- Inappropriate Behavior / Verbal Exchange w/individuals ○ The staff member has engaged in inappropriate behavior or verbal exchange with an individual served.
 - Example: A staff member tells an individual, “Shut up! Don’t be an idiot.”

- Duplicate Issue/Cases ○ This should not be used when there is an accidental duplicate entry into CHRIS. Please contact your advocate to delete duplicate cases. This should be used to acknowledge an ongoing issue that has not previously been resolved either due to failure of the staff or program to address the issue or new circumstances.
 - Example: Three peer-to-peer entries involving aggression between the same individuals.

- Performance Issue – Substantiated ○ The staff member(s) failed to perform assigned duties or acted inappropriately. Note that any action taken with the staff member(s) should also be listed on the Accusation tab in the CHRIS report.
 - Example: The staff member failed to give seizure medication to an individual and the individual has a seizure.

- Performance Issue – Unsubstantiated ○ The staff member was alleged to have failed to perform assigned duties or acted inappropriately but was determined to have performed duties appropriately and as assigned.
 - Example: A peer-to-peer investigation determines staff intervened immediately and appropriately.

Note that in some cases, the performance issue was unsubstantiated, but an organizational failure led to the violation resulting in the need for corrective action.

- Systemic – Substantiated ○ The provider overall has a policy or procedure that is not in compliance with regulation or sound therapeutic practice, or the provider does not have a policy or procedure at all that addresses the situation, and this leads or contributes to an incident.
 - Example: The provider fails to implement and train staff on a behavior management system and an individual is improperly restrained.
 - Example: It is determined multiple staff members do not understand and are not following the abuse/neglect policy.

- Systemic – Unsubstantiated ○ The allegation indicated the provider overall has a policy or procedure, or lacks one, that leads or contributes to an incident, but it is determined that the provider does have appropriate policy and procedures.

- Example: The allegation indicates the provider does not train staff on how to properly and safely restrain individuals, but in fact does have a policy and training on emergency restraints does exist.

All corrective actions taken are a result of what was discovered through the investigation and due to the investigative findings. All corrective actions should have supporting documentation that is maintained by the program. This information may be maintained by the provider, for example, in the individual's services record, the investigation file, or an employee personnel record. The Office of Human Rights will request to review this information in order to verify implementation of timely and appropriate corrective actions. This could be a request for documentation to be sent via email, an onsite visit to review an environmental modification or a phone call with a specific staff person.

Corrective Actions Taken – Check all that apply

- Reinforce policy and procedure ○ The provider has appropriate policy and procedures related to the incident, but determined staff may need additional reminders or understanding of the policy and procedure.
 - Example: A memo is sent to all staff following an incident to clarify or remind about immediately reporting abuse/neglect allegations.
- Train individual staff ○ A specific staff member or staff members receive additional training due to the investigative findings.
 - All staff members have been trained on appropriate reporting of abuse/neglect allegations, but one staff member is retrained due to not understanding or following the policy.
- Train all staff ○ All staff members working in the service have received additional training due to the investigative findings.
 - Example: It is determined multiple staff members do not understand the abuse/neglect policy and everyone is retrained on the proper procedures to address the systemic issue.
- Increase supervision (change patterns of supervision) ○ The provider increases supervision of staff members to improve performance or provide additional protections for individuals.
 - Example: The sponsored home supervisor increases unannounced visits to the sponsored home from one time per month to two times per month.
 - Example: The Unit supervisor initiates overnight checks to ensure staff are awake and performing duties, after the staff were determined to be sleeping during their shifts.

- Increase staffing
 - The provider adds additional staff to the service that is licensed, funded or operated by DBHDS, as a result of the findings from the complaint.
 - **Example:** A group home increases overnight staffing from one overnight Direct Support Professional (DSP) to two overnight DSPs to allow so that individuals can be assisted with incontinence in a timely manner.

- Supervisory/Administrative staff change/action
 - A personnel action is taken to better serve individuals. Note that when this is related to an accused employee, the action(s) taken should also be listed on the Accusation tab in the CHRIS report.
 - **Example:** The staff member has been terminated, moved to a different location or receives written counseling. Note that while termination of staff is appropriate action in response to identified violations, it may not be the only appropriate response, and the provider should indicate all other corrective actions implemented as well.

- Environmental modification
 - A change to the physical environment is made.
 - **Example:** The water temperature is better regulated so that it is a safe temperature.

- Support plan modification
 - A modification is made to the individual's support plan to ensure staff members are appropriately meeting the needs of the individual.
 - **Example:** Staff members became aware of additional needs to report to the medical designee signs/symptoms of constipation. As a result of the investigation, this is added to the individual's plan.

- Individual(s) were moved
 - At least one individual was moved in response to the investigation.
 - **Example:** While peer-to-peer incidents are investigated as staff neglect, individuals may be moved as an appropriate response to show the program's effort to ensure the safety of the individuals.
 - **Example:** An individual agreed to move and was moved to another service location operated by the provider, following the complaint investigation.

- Improve QA
 - Quality assurance measures are adjusted/improved.
 - **Example:** A new system is implemented to decrease medication errors or missed medication.

- Appropriate staff action taken ○ The provider took appropriate corrective action against the staff member(s) as a result of the investigation. The description box must be used. Note that when related to accused staff, the staff action should also be listed on the Accusation tab in the CHRIS report.
 - Example: A performance improvement plan is implemented, and the description box is used to describe this.

- Appropriate notification to Office of Licensing made ○ The Office of Licensing is not automatically notified when information is entered into an abuse/neglect/exploitation case. This box should be used when a licensed provider has specifically notified the Office of Licensing about the allegation, findings of the investigation, or has entered a Serious Incident Report related to this investigation. The description box should include which of the action(s) were taken.