



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE REGULATION
FOLLOW-UP INVESTIGATION FORM

PLEASE FAX COMPLETED FORM
TO YOUR REGIONAL OFFICE

Within five (5) business days of the incident, a certified facility must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified.

1. IDENTIFYING INFORMATION

FACILITY NAME:

VICTIM NAME(S):

ALLEGED PERPETRATOR NAME(S):

COMPLAINT NUMBER:

2. ADDITIONAL/UPDATED INFORMATION RELATED TO THE REPORTED INCIDENT:

Provide a brief description of any additional information and/or updates, if applicable.
Describe any additional outcomes to the resident(s), identifying/describing any physical and mental harm:

Whether the allegation was reported to the resident representative, and if so, date/time:

Whether the allegation was reported to another agency (e.g., professional licensing boards if staff to resident abuse), and if so, which agency, date/time, and outcome if they conducted an investigation:

3. STEPS TAKEN TO INVESTIGATE THE ALLEGATION:

Provide a detailed summary of ALL steps taken to investigate allegation.

Summary of interview(s) with the alleged victim and/or the victim's responsible party, if applicable. (Indicate any visual cues from the resident of psychosocial distress and harm and the resident's perspective on incurred psychological harm and distress.)

Summary of interview(s) with witness(es), what the individual observed or knowledge of the alleged incident or injury:

Summary of interview(s) with the alleged perpetrator(s) (staff, resident, visitor, contractor, etc.):

Summary of interview(s) with other residents who may have had contact with the alleged perpetrator:

Summary of interview(s) with staff responsible for oversight and supervision of the location where the alleged victim resides:

Summary of interview(s) with staff responsible for oversight and supervision of the alleged perpetrator, if staff or a resident:

Provide summary information from the investigation related to the incident from the resident's clinical record, such as relevant portions of the RAI, the resident's care plan, nurses' notes, social services note, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If a resident to resident altercation occurred, provide any relevant details that may have caused the alleged perpetrator's behavior, such as habits, routines, medications, diagnosis, how long he/she may have lived at the building, or BIMS score:

If available within the five business day timeframe, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable:

4. CONCLUSION

Provide a brief description of the conclusion of the investigation and indicate if findings were: [Note: For incidents reported as injuries of unknown source, indicate if the injury resulted from abuse or neglect, based on evidence from the investigation.]

Verified – The allegation was verified by evidence collected during the investigation. Indicate if the allegation was verified by evidence collected during the investigation:

Not Verified – The allegation was refuted by evidence collected during the investigation. Indicate and describe why the allegation was unable to be verified during the investigation:

Inconclusive – The allegation could not be verified or refuted because there was insufficient information to determine whether or not the allegation had occurred. If this was identified as inconclusive, indicate and describe how this was determined:

5. CORRECTIVE ACTION(S) TAKEN

Provide in detail a summary of all corrective action(s) taken.
Describe any action(s) taken as a result of the investigation or allegation:

Describe the plan for oversight of implementation of corrective action, if the allegation is verified:

As a result of a verified finding of abuse, such as physical, sexual or mental abuse, identify counseling or other interventions planned and implemented to assist the resident:

If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that have been taken to address the systems:

If the allegation was reported to law enforcement or another state agency, where applicable and if available, what is the status or provide conclusions of their investigation:

6. FACILITY INVESTIGATOR

NAME/TITLE OF PERSON(S) PRIMARILY RESPONSIBLE FOR INVESTIGATING ALLEGATION:

7. REPORT SUBMISSION

NAME/TITLE OF PERSON SUBMITTING REPORT:

DATE AND TIME THE REPORT WAS MADE:

CONTACT NUMBER AND EMAIL ADDRESS OF PERSON SUBMITTING REPORT FOR FOLLOW UP:

SLCR Regional Office Fax Numbers

Region 1 (Springfield)	417-895-6435
Region 2 (Poplar Bluff)	573-840-9580
Region 3 (Kansas City)	816-889-2818
Region 4 (Cameron)	816-632-6541
Region 5 (Macon)	660-385-5763
Region 6 (Jefferson City)	573-751-2270
Region 7 (St. Louis)	314-340-7360