

Printed: [REDACTED]
Due Date: 05/13/2013
Priority: Non-IJ Medium

Intake ID: [REDACTED]
Facility ID: [REDACTED]
Provider Number:
Mgmt.Unit: [REDACTED]

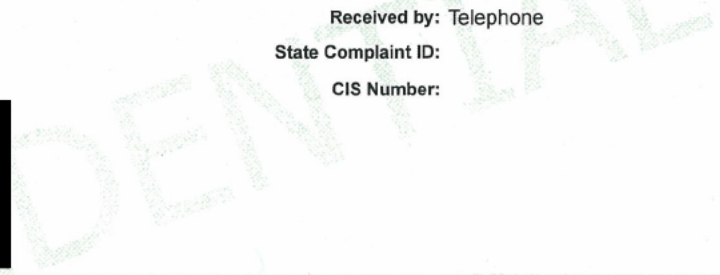
ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: [REDACTED] License #: [REDACTED]
Address: [REDACTED] Type: [REDACTED]
City/State/Zip/County: [REDACTED] Medicaid #: [REDACTED]
Telephone: [REDACTED] Administrator:

INTAKE INFORMATION

Taken by - Staff: [REDACTED] Received Start: [REDACTED] 2013 At 14:07
Location Received: [REDACTED] Received End: [REDACTED] 2013 At 14:07
Intake Type: Complaint Received by: Telephone
Intake Subtype: State-only, licensure State Complaint ID:
External Control #: CIS Number:
SA Contact: [REDACTED]
RO Contact:
Responsible Team:
Source:



COMPLAINANTS

Name	Address	Phone	EMail
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Link ID: [REDACTED]
Relationship: [REDACTED]
Confidentiality Requested: [REDACTED]

RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
[REDACTED]					[REDACTED]

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged [REDACTED] 2013 Time: Shift:

Standard Notes: Triage as a state high (3-14 days).

DOB- unknown

Complainant reports [REDACTED] and while at [REDACTED] went to throw a bag of garbage into the dumpster when something [REDACTED] Complainant reports seeing a rip in the bag and a [REDACTED] out of it. ([REDACTED]). Her [REDACTED] brought her to the [REDACTED] for treatment.

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS

Category: Infection Control
Subcategory: Infection Control Practices
Seriousness: Moderate
Findings: Unsubstantiated:Lack of sufficient evidence
Details: The complainant was [REDACTED]

Findings Text: The allegation could not be proven or disproved.

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SURVEY INFORMATION

<u>Event ID</u>	<u>Start Date</u>	<u>Exit Date</u>	<u>Team Members</u>	<u>Staff ID</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Intakes Investigated: [REDACTED] received: [REDACTED] (2013)

SUMMARY OF CITATIONS:

<u>Event ID</u>	<u>Exit Date</u>	<u>Tag</u>
[REDACTED]	[REDACTED] 2013	State - Not Related to any Intakes T0000-INITIAL COMMENTS

EMTALA INFORMATION - No Data

ACTIVITIES

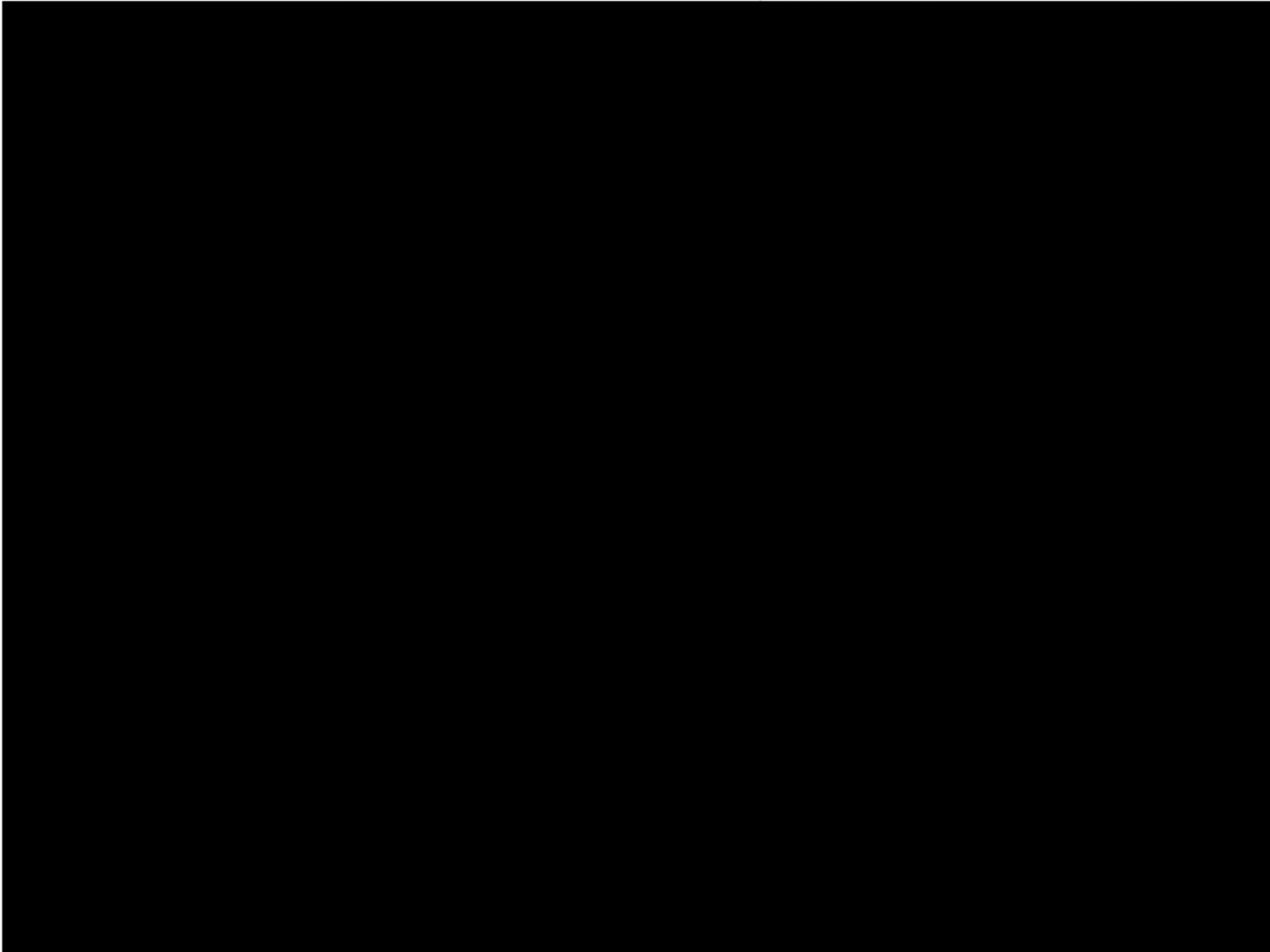
<u>Type</u>	<u>Assigned</u>	<u>Due</u>	<u>Completed</u>	[REDACTED]
Schedule Onsite Visit	[REDACTED] 2013	[REDACTED] 2013	[REDACTED] 2013	[REDACTED]
Supervisory Review and Sign Off	[REDACTED] 2013		[REDACTED] 2013	[REDACTED]
Investigation Report Completion	[REDACTED] 2013		[REDACTED] 2013	[REDACTED]
File Review	[REDACTED] 2013	[REDACTED] 2013	[REDACTED] 2013	[REDACTED]

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INVESTIGATIVE NOTES



CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

Reason for Restraint:

Cause of Death:

NOTICES

Letters:

<u>Created</u>	<u>Description</u>
04/25/2013	CHIP GENERAL ACKNOWLEDGEMENT LETTER/Complainant

Notification:

<u>Date</u>	<u>Type</u>	<u>Party</u>	<u>Method</u>
04/23/2013	Acknowledgement to Complainant	Central Office	Written

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PROPOSED ACTIONS

<u>Proposed Action</u>	<u>Proposed Date</u>	<u>Imposed Date</u>	<u>Type</u>
State Only Actions	08/01/2013	08/01/2013	Federal
None	08/01/2013	08/01/2013	State

Closed: 08/02/2013

Reason: Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

CONFIDENTIAL