



<b>Policy Title: Internal Review and External Reporting of Alleged or Suspected Maltreatment</b>	Effective Date	1-1-14
	Revision Date	11-17-15
	Page No.	1 of 9
	Approval	TH
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**I. Purpose**

It is the policy of PAI to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

**II. Revision History**

Date	Rev. No.	Change	Reference Section(s)
11-17-15	1	Changed CEP to reflect MAARC/ Common Entry Point (CEP) update.	VI – A & B

**III. Persons Affected:**

All persons and mandated reporters under the control of PAI.

**IV. Persons Responsible**

All mandated reporters under the control of PAI.

**V. Definitions:**

**A. As Outlined In The Vulnerable Adult Act 626.5572**

**Subdivision 1.Scope.**

For the purpose of section [626.557](#), the following terms have the meanings given them, unless otherwise specified.

**Subd. 2.Abuse.**

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

- (1) assault in the first through fifth degrees as defined in sections [609.221](#) to [609.224](#);
- (2) the use of drugs to injure or facilitate crime as defined in section [609.235](#);
- (3) the solicitation, inducement, and promotion of prostitution as defined in section [609.322](#); and
- (4) criminal sexual conduct in the first through fifth degrees as defined in sections [609.342](#) to [609.3451](#).

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
- (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
- (c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.
- (d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.
- (e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:
  - (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
  - (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.
- (f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
- (g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
  - (1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
  - (2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

**Subd. 3. Accident.**

"Accident" means a sudden, unforeseen, and unexpected occurrence or event which:

- (1) is not likely to occur and which could not have been prevented by exercise of due care; and
- (2) if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

**Subd. 4. Caregiver.**

"Caregiver" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

**Subd. 5. Common entry point.**

"Common entry point" means the entity designated by each county responsible for receiving reports under section 626.557.

**Subd. 6. Facility.**

(a) "Facility" means a hospital or other entity required to be licensed under sections 144.50 to 144.58; a nursing home required to be licensed to serve adults under section 144A.02; a residential or nonresidential facility required to be licensed to serve adults under sections 245A.01 to 245A.16; a home care provider licensed or required to be licensed under section 144A.46; a hospice provider licensed under sections 144A.75 to 144A.755; or a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651 to 256B.0656, and 256B.0659.

(b) For home care providers and personal care attendants, the term "facility" refers to the provider or person or organization that exclusively offers, provides, or arranges for personal care services, and does not refer to the client's home or other location at which services are rendered.

**Subd. 7. False.**

"False" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

**Subd. 8.Final disposition.**

"Final disposition" is the determination of an investigation by a lead investigative agency that a report of maltreatment under Laws 1995, chapter 229, is substantiated, inconclusive, false, or that no determination will be made. When a lead investigative agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and whether a facility was responsible for the substantiated maltreatment.

**Subd. 9.Financial exploitation.**

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section [144.6501](#), a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or  
(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;  
(2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;  
(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or  
(4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

**Subd. 10.Immediately.**

"Immediately" means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

**Subd. 11.Inconclusive.**

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

**Subd. 12.Initial disposition.**

"Initial disposition" is the lead investigative agency's determination of whether the report will be assigned for further investigation.

**Subd. 13.Lead investigative agency.**

"Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section [626.557](#).

(a) The Department of Health is the lead investigative agency for facilities or services licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Health for the care of vulnerable adults. "Home care provider" has the meaning provided in section [144A.43, subdivision 4](#), and applies when care or services are delivered in the vulnerable adult's home, whether a private home or a housing with services establishment registered under chapter 144D, including those that offer assisted living services under chapter 144G.

(b) The Department of Human Services is the lead investigative agency for facilities or services licensed or required to be licensed as adult day care, adult foster care, community residential settings, programs for people with disabilities, family adult day services, mental health programs, mental health clinics, chemical dependency programs, the Minnesota sex offender program, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Human Services.

(c) The county social service agency or its designee is the lead investigative agency for all other reports, including, but not limited to, reports involving vulnerable adults receiving services from a personal care provider organization under section [256B.0659](#).

**Subd. 14.Legal authority.**

"Legal authority" includes, but is not limited to: (1) a fiduciary obligation recognized elsewhere in law, including pertinent regulations; (2) a contractual obligation; or (3) documented consent by a competent person.

**Subd. 15. Maltreatment.**

"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

**Subd. 16. Mandated reporter.**

"Mandated reporter" means a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section [214.01, subdivision 2](#); (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner.

**Subd. 17. Neglect.**

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

(c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

(1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections [144.651](#), [144A.44](#), chapter 145B, 145C, or 252A, or sections [253B.03](#) or [524.5-101](#) to [524.5-502](#), refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

(i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

(2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;

(3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

(i) a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or

(ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or

(4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or

(5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:

(i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;

(ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;

(iii) the error is not part of a pattern of errors by the individual;

(iv) if in a facility, the error is immediately reported as required under section [626.557](#), and recorded internally in the facility;

(v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and

(vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

(d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

(e) If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under section [626.557, subdivision 9c](#), paragraph (c).

**Subd. 18. Report.**

"Report" means a statement concerning all the circumstances surrounding the alleged or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter at the time the statement is made.

**Subd. 19. Substantiated.**

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

**Subd. 20. Therapeutic conduct.**

"Therapeutic conduct" means the provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or (2) a caregiver.

**Subd. 21. Vulnerable adult.**

(a) "Vulnerable adult" means any person 18 years of age or older who:

(1) is a resident or inpatient of a facility;

(2) receives services at or from a facility required to be licensed to serve adults under sections [245A.01](#) to [245A.15](#), except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);

(3) receives services from a home care provider required to be licensed under section [144A.46](#); or from a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections [256B.04, subdivision 16](#), [256B.0625, subdivision 19a](#), [256B.0651](#), [256B.0653](#) to [256B.0656](#), and [256B.0659](#); or

(4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

(i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and

(ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

(b) For purposes of this sub division, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

**History:**

*[1995 c 229 art 1 s 22](#); [2000 c 319 s 3](#); [1Sp2001 c 9 art 14 s 32](#); [2002 c 252 s 23,24](#); [2002 c 379 art 1 s 113](#); [2004 c 146 art 3 s 46](#); [2006 c 212 art 3 s 41](#); [2007 c 112 s 57](#); [2008 c 326 art 2 s 15](#); [2009 c 79 art 6 s 20,21](#); [art 8 s 75](#); [2009 c 119 s 17](#); [2009 c 142 art 2 s 48](#); [2011 c 28 s 16,17](#); [2012 c 216 art 9 s 32](#); [2013 c 108 art 8 s 58](#); [2014 c 262 art 4 s 9](#); [art 5 s 6](#); [2015 c 78 art 6 s 26-28](#)*

## **VI. Policy**

### **A. Reporting Maltreatment**

1. When there is reason to believe that a vulnerable adult is being or has been maltreated per the above referenced definitions or that a vulnerable adult has sustained a physical injury which is not reasonably explained, the subsequent internal reporting procedures will be followed:

a. A person who makes a good faith report is immune from any civil or criminal liability that might otherwise result from making the report, or from participating in the investigation, or for failure to comply fully with the reporting obligation under section 609.234 or 626.557, subdivision 7.



- b. A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.
  - c. Mandated reporters always have the option of reporting directly to the Minnesota Adult Abuse Reporting Center or MAARC.
  - d. Retaliation
    - i. PAI will not retaliate against any person who reports in good faith suspected maltreatment.
    - ii. PAI will not retaliate against an individual about whom a report is made.
    - iii. PAI will not retaliate against any person who reports in good faith suspected maltreatment directly to the Minnesota Adult Abuse Reporting Center or MAARC. MAARC is a statewide Common Entry Point (CEP) that is available 24 hours per day, 7 days per week.
2. Reports of suspected maltreatment will be made immediately, **either by phone or online:**
- a. Externally to MAARC via:
    - i. The MAARC toll-free phone number: 844-880-1574.
      - a.) Reporting by phone remains an option for mandated reporters.
    - ii. The online reporting tool, at [mn.gov/dhs/reportadultabuse/](http://mn.gov/dhs/reportadultabuse/).
      - a.) The mandated reporting form is self-explanatory and does not require training or experience.
        1. The form will request information about the vulnerable adult, suspected maltreatment, and the alleged perpetrator.
      - b.) When the completed form is submitted, a report reference number will be provided.
        1. Make note of the reference number.
        2. Download, save and print a copy of the report when given the option.
        3. Include the reference number on the copy of the report and add it to the other documentation.
  - b. Internal Reporting
    - i. Reports must be made only to persons not involved in the alleged or suspected maltreatment.
    - ii. The persons designated to receive reports internally are:
      - a.) The site program director or assigned designated coordinator.
      - b.) The secondary position responsible for ensuring review and investigations are completed is PAI's vice president.
      - c.) If the vice president is absent or suspected or alleged to have been involved in the suspected maltreatment, the report will be made to PAI's president.
    - iii. Staff reporting suspected maltreatment internally will make a verbal report to the designated person as soon as possible but no later than the end of the program day.
      - a.) Reports must be done within 24 hours of gaining knowledge of the suspected maltreatment
    - iv. The designated person receiving the report internally will determine (based on the definition of maltreatment) if the report must be forwarded to the MAARC.
    - v. The designated person receiving the report internally will provide confidential written notice to the reporter within two working days detailing the status of the report.
    - vi. Mandated reporters who have made a report to PAI's designee have met their reporting responsibilities. PAI will then be responsible for complying with the immediate reporting requirements.
  - c. Within 24 hours of reporting suspected maltreatment, the person's legal representative and case manager will be informed of the report unless there is

- reason to believe that they are involved in the suspected maltreatment. The following information will be disclosed:
- i. The nature of the activity or occurrence reported.
  - ii. The agency that received the report.
  - iii. The phone number of the Department of Human Services Licensing division.
  - iv. Confidentiality will be maintained when an incident involves more than one person.
  - v. No identifiable information will be disclosed when reporting to the other involved person's team members, i.e., legal representative, other licensed caregivers (if any) and case manager.
3. Confidential reports related to suspected maltreatment will be forwarded to the president upon completion.
- a. Notice that the incident is confidential and on file with the president will be placed in the medical section of the person's program chart.
  - b. Any reports of maltreatment that have occurred will be reviewed at the individual's annual meeting.
- B. Documenting reports of suspected maltreatment.
1. Staff reporting suspected maltreatment will document the details of their report, following the directions on the PAI Incident Report Form.
    - a. Staff will not disclose any personally identifiable information about other persons in the report.
    - b. Staff will initial the end of each section they have written as there may be other staff adding information to the report.
    - c. Staff will note their name, title and initials under *Report Completed By*:
    - d. Staff will not complete the sections, *Attending Physician's Determination* on the front page or any of the information following their name, title and initials on the back. The coordinator, site program director or vice president will complete those areas.
  2. A PAI Incident Report must be submitted to the internal designated recipient of the verbal report within 24 hours of the incident or sooner if possible.
    - a. The designated person receiving the report will:
      - i. Notify the vice president of operations or their designee of the report as soon as possible.
      - ii. Collect all available information related to the report.
      - iii. Report to the MAARC within 24 hours of notification if warranted given the available information.
      - iv. Provide written notice to the reporter within two working days detailing the status of the report.
      - v. If a report was made to MAARC the notice will also include:
        - a.) The date the report was made.
        - b.) The date and time the report was received from the reporter.
        - c.) The name of the intake officer who received the report if done by phone or
        - d.) The online report reference number if reported through the DHS portal.
    - b. The notice will be delivered in a manner that protects the confidentiality of the reporter.
      - i. The written notice will make the reporter aware of the option to report the incident externally to the MAARC if they are not satisfied with the action taken by PAI.
    - c. A copy of the notice will be made to include with the rest of the suspected maltreatment documentation.
  3. When a suspected maltreatment report is received by the site program director or designated person or they have reason to know an external report has been they will notify the vice president who within thirty calendar days will:

- a. Carry out an internal investigation review and document their findings and follow up on the PAI form, "Vulnerable Adult Report Of Maltreatment - Internal Review" delineating:
    - i. Name and location of the person and the program,
    - ii. The nature of the suspected maltreatment,
    - iii. Pertinent dates and times,
    - iv. Any history of maltreatment,
    - v. An assessment of whether the incident meets the definition of a single documented mistake in the provision of therapeutic conduct,
      - a.) If it does include supporting documentation,
    - vi. An assessment of whether related policies and procedures were adequate,
    - vii. An assessment of whether related policies and procedures were followed,
    - viii. An assessment of whether the person's coordinated service and support plan addendum was implemented as applicable,
    - ix. An assessment of whether there is a need for additional staff training,
    - x. An assessment of whether there is a need for further corrective action to be taken by PAI to protect the health and safety of vulnerable persons,
    - xi. Documentation of the safety committee review if applicable,
    - xii. The name and address of the alleged perpetrator and reporter,
    - xiii. Any additional information relevant to the investigation, and
    - xiv. An assessment of whether the reported event is similar to past events with the Vulnerable Adult or with a related and involved service.
  - b. PAI staff will take corrective action if necessary.
    - i. Based on the results of the review, develop, documented, and implement corrective action designed to correct the current lapses and prevent future lapses in performance by individuals or PAI.
  - c. Assure compliance with all applicable rule requirements relating to the incident.
4. Completed internal investigation forms, corresponding incident reports, and documentation is kept by the president to ensure confidentiality.
  5. A copy of the incident report face sheet showing only the person name, date and time will be placed in the person's program chart.
    - a. A notation will be attached stating that the complete incident report and internal review and investigation form is kept in the president's office.
  6. PAI's internal investigation report will be made accessible to the commissioner upon the commissioner's request.
    - a. To the extent possible, within the limits of PAI's resources, PAI will cooperate in the investigation with those entities which are involved with a vulnerable adult suspected maltreatment report.

## **VII. Plan for Orientation of Mandated Reporters:**

- A. PAI provides staff with orientation to the internal and external reporting procedures used by PAI, as well as the program abuse prevention plan for all persons receiving services from PAI, within 72 hours of them first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review informs the mandated reporters of:
  1. PAI's Program Abuse Prevention Plan,
  2. All internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services, and
  3. The reporting requirements and definitions in sections 626.557 and 626.5572, 245A.65.

## **VIII. Plan for Orientation of Service Recipients:**

1. PAI provides an orientation to the internal and external reporting procedures to persons receiving services. The orientation includes the telephone number for the MAARC.



2. The PAI shall provide this orientation for each new person within 24 hours of service initiation or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours of service initiation.
3. The person's legal representative will be notified of the orientation.

**IX. Copies of PAI's Reporting Policy and Program Abuse Prevention Policy can be found:**

- A. Posted in a prominent location at each site,
- B. On PAI's web page, and
- C. Will be provided upon request.

**X. Forms**

PAI Incident Report  
Notification of Symptoms of Illness/ Minor Injury  
Death or Serious Injury Report  
Vulnerable Adult Report of Maltreatment – Internal Review  
Notification of Status of Report of Suspected Maltreatment  
Service Recipient Orientation  
Legal Representative Orientation