

§ 52.16. Abuse.

(a) Abuse is an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and one or more of the following:

- (1) Sexual harassment of a participant.
- (2) Sexual contact between a staff member and a participant.
- (3) Restraining a participant.
- (4) Financial exploitation of a participant.
- (5) Humiliating a participant.
- (6) Withholding regularly scheduled meals from a participant.

(b) Abuse of a participant is prohibited.

§ 52.17. Critical Incident and Risk Management.

- (a) The requirements in this chapter are in addition to the reporting requirements under 28 Pa. Code Chapters 601 relating home health care agencies.
- (b) A provider shall report a critical incident involving a participant to the Department or the SCE, or both, on a form prescribed by the Department.
- (c) A provider shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of critical incidents.
- (d) A provider shall meet the risk management requirements as specified in the approved applicable waivers, including approved waiver amendments.
- (e) If the Department requires additional follow-up information to a critical incident, then the provider shall submit additional information as requested to the Department.
- (f) A provider shall reduce the number of preventable incidents. The methods used by the provider to reduce the number of preventable incidents shall be documented.

Interim HealthCare of Pittsburgh Inc. also follows mandatory reporting requirements as in the Office of Long Term Living Bulletin #05-15-02, 51-15-02, 54-15-02, 55-15-02, 59-15-02, Critical Incident Management. Before reporting an incident, measures will be taken immediately to safeguard the participant. This may include calling 911, contacting APS for participants aged 18-59, Older Adults Protective Services for participants over age 60, law enforcement, fire department or other authorities as appropriate.

§ 52.18. Complaint Management.

- (a) The provider shall implement a system to record, respond and resolve a participant's complaint.
- (b) The provider complaint system must contain the following:
 - (1) The name of the participant.
 - (2) The nature of the complaint.
 - (3) The date of the complaint.
 - (4) The provider's actions to resolve the complaint.
 - (5) The participant's satisfaction to the resolution of the complaint.
- (c) The provider shall review the complaint system at least quarterly to:
 - (1) Analyze the number of complaints resolved to the participant's satisfaction.
 - (2) Analyze the number of complaints not resolved to the participant's satisfaction.
 - (3) Measure the number of complaints referred to the Department for resolution.
- (d) The provider shall develop a QMP when the numbers of complaints resolved to a participant's satisfaction are less than the number of complaints not resolved to a participant's satisfaction.
- (e) The provider shall submit a copy of the provider's complaint system procedures to the Department upon request.
- (f) The provider shall submit the information under subsection (c) to the Department upon request.

All Complaints will be directed to the participant's Service Coordinator and/or employee's supervisor/manager. When issues cannot be resolved or participant is not comfortable discussion the issue with SC, the OLTL Quality Assurance Helpline is available at 800-757-5042.