



CHECKLIST – DOCUMENTARY EVIDENCE FOR NEGLECT, ABUSE, AND MISAPPROPRIATION OF PROPERTY

State Form 55432 (11-13)
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFIED NURSE AIDE / QUALIFIED MEDICATION AIDE INVESTIGATIONS

This checklist is intended to assist the Surveyors in the collection of documentary evidence which may be helpful to the attorneys of the Office of Legal Affairs in prosecuting neglect, abuse, and misappropriation of resident property administrative appeals. This list is not intended to be all inclusive.

Name of surveyor	Date of incident (<i>month, day, year</i>)
Name of facility	Facility number
Name of Aide	Survey event identification number
Allegation(s)	

Resident Medical Records
<input type="checkbox"/> Face Sheet / Admission Record
<input type="checkbox"/> Minimum Data Set
<input type="checkbox"/> Care Plan(s) - Date(s):
<input type="checkbox"/> Nursing Notes - Date(s):
<input type="checkbox"/> Progress Notes - Date(s):
<input type="checkbox"/> Social Worker Notes - Date(s):
<input type="checkbox"/> Adult Protective Services (APS) Reports / Records in facility possession
<input type="checkbox"/> Physician's Orders - Date(s):
<input type="checkbox"/> Controlled Substance Record - Date(s):
<input type="checkbox"/> Activities of Daily Living (ADLs) Assessment
<input type="checkbox"/> Medication Administration Record (MARs) - Date(s):
<input type="checkbox"/> Care Card / C.N.A. Care Sheet / C.N.A. Worksheet / C.N.A. Assignment Sheet
<input type="checkbox"/> Pain Monitoring Flow sheet - Date(s) :
<input type="checkbox"/> Fall Risk Assessment / Multi-Disciplinary Fall Screen - Date(s):
<input type="checkbox"/> Transfer Assessment - Date(s):
<input type="checkbox"/> Functionary Urinary Incontinence Report
<input type="checkbox"/> Post-Incident Nursing Assessment - Date(s):
<input type="checkbox"/> Post Fall Investigation Worksheet / Fall Report - Date(s):
<input type="checkbox"/> Skin Audit / Skin Condition Assessment - Date(s):
<input type="checkbox"/> Pictures of Resident's wound or other injury - Date(s):
<input type="checkbox"/> Hospital Record including Admission / Intake Information / Emergency Department Intake / ED Transfer Summary Report / other record following a post-incident transfer to a Hospital - Date(s):

Facility Policies and Records
<input type="checkbox"/> Resident Abuse, Neglect, and Misappropriation Policy
<input type="checkbox"/> Resident Rights Policy
<input type="checkbox"/> Abuse Reporting Policy
<input type="checkbox"/> Reportable Unusual Occurrences Policy
<input type="checkbox"/> Disturbing and Disrupting Behaviors Policy
<input type="checkbox"/> Drugs / Medication Administration Policy
<input type="checkbox"/> Policies on Restraints, Lifts, or other specific medical device use
<input type="checkbox"/> Employee Handbook excerpts (such as Psychological Abuse definition)
<input type="checkbox"/> Incident Reports / Memorandums of Incident - Date(s):
<input type="checkbox"/> Incident Reports sent to the ISDH (via Facsimile or other notification)
<input type="checkbox"/> Incident and Accident Follow-up Investigation Reports - Date(s):
<input type="checkbox"/> Investigation Witness Interview Notes
<input type="checkbox"/> Statements of Witnesses from facility investigation
<input type="checkbox"/> Witnesses last known contact information
<input type="checkbox"/> Police Reports and other police investigation documents in facility possession
<input type="checkbox"/> Staff Schedule - Date(s):
<input type="checkbox"/> C.N.A. Assignment Sheet (listing the general care of residents for C.N.A.'s to refer)
<input type="checkbox"/> Pictures / Video / Audio evidence in possession of facility
<input type="checkbox"/> Facility Map with room numbers

Petitioner Specific Documents
<input type="checkbox"/> Letter or other written response to Surveyor during investigation
<input type="checkbox"/> Job Description for Nurse Aide / Qualified Nurse Aide
<input type="checkbox"/> Orientation Checklist (usually initialed by Petitioner)
<input type="checkbox"/> Policy Receipt Acknowledgement (usually signed by Petitioner)
<input type="checkbox"/> Employee Handbook Receipt Acknowledgement
<input type="checkbox"/> Certificates, Trainings, In-Service Records, Quizzes, Training sign-in sheet, or other employee training records
<input type="checkbox"/> Discipline / Corrective Actions against Petitioner
<input type="checkbox"/> Timesheet for Petitioner for relevant week of incident
<input type="checkbox"/> Any other relevant documents from the Employee File
<input type="checkbox"/> Other - Date(s):