Each provider must have a policy on reportable incidents and emergencies in the home. Please use the information below when developing your policy.

Reportable Incidents

In the case of alleged Protective Services cases (i.e. abuse, neglect or financial exploitation) the mandated report must be made according to state regulations and regulatory timelines.

In the case of incidents of accidental damage or damage to consumer property by provider employer, or theft or consumer and/or employee injury, the provider must report incident to GLSS prior to beginning any internal investigation.

Depending upon the severity of the allegation, the provider agency employee(s) may be temporarily reassigned from all GLSS consumers until the investigation is completed.

Orientations of provider employees should include limitations of involvement in consumer's personal or financial affairs and emphasis on keeping a professional distance between the consumer and employee's personal or financial matters.

When a consumer is absent from the home for any reason, providers shall inform the appropriate case manager. In cases where a case manager first learns of absences from the home, he/she will inform the appropriate providers.

In cases of medical absence from the home, the case manager will also call the hospital or nursing home to request that the consumer's social worker or discharge planner share information about the consumer's discharge plan with the GLSS case manager. Home Care services may then be reassessed.

Reports Required of Provider

Report immediately, day or night:

- Abuse
- Neglect
- Financial Exploitation
- Emotional Intimidation

Report on same business day:

- Any hospitalization
- Addition or loss of household member
- Absences from home
- Alleged theft
- Alleged breakage of consumer's possessions
- Injury to employee or consumer
- Consumer complaint

Report by next business day:

- New address, name, telephone number
- New M.D.
- New diagnosis
- Relevant Employee complaint