Print Save as Reset

DHS Oregon Department of Human Services

APS Complaint Investigation Report (723) Review Checklist

(Please complete review for each allegation.)

Log #: _____ Branch #: _____ Facility type: _____

Allegation: _____

Date received: _____ Investigation start date: _____

Date of onsite visit: _____ Investigation end date: _____

APS specialist: _____ Reviewed by: _____

Complainant interviewed: ☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

_____

RV's interviewed: ☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

_____

RP's interviewed: ☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

_____

Residents interviewed: ☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

_____

DNS interviewed (NF only): ☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

_____

Other staff interviewed: ☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

Administrator or provider interviewed:
☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

Resident, manager or caregiver interviewed:
☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

Other witnesses interviewed: *(i.e., staff, physician, CRN, HH, Hospice, HCW, etc.)*
☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

Documentation reviewed:
(i.e., care plan, assessment, screening, facility investigation and other records related to the alleged incident.)
☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

Referral, follow-up completed based on criteria:
(i.e., licenser, DOJ, BON, LTCO, MFU, CCMU, LEA, etc.)
☐ Yes ☐ No ☐ N/A
☐ Adequate ☐ Relevant

- Comments:

Allegation framed correctly:

☐ Yes ☐ No ☐ N/A

(i.e., does it tell the reader what the facility or individual did or failed to do which allegedly resulted in harm or potential harm to a resident?)

- Comments:

Investigators observations are included: *(i.e., surroundings, residents, etc.)*

☐ Yes ☐ No ☐ N/A

☐ Adequate ☐ Relevant

- Comments:

Findings of fact; do the facts prove or disprove the allegation?

☐ Yes ☐ No ☐ N/A

- Are your sources cited?
  (i.e., as evidenced by) ☐ Yes ☐ No ☐ N/A
- Comments:

Does the evidence answer, who, what, when and where?

☐ Yes ☐ No ☐ N/A

Is the conclusion supported by a preponderance of evidence and support the outcome? ☐ Yes ☐ No ☐ N/A

Did you reach the same conclusion as the investigator?

☐ Yes ☐ No ☐ N/A

Was any private health information or medication names stated in the report that allow the report leader to identify individual identities?

☐ Yes ☐ No ☐ N/A

Were all mandatory 723 boxes completed?

☐ Yes ☐ No ☐ N/A

- Comments:

Signature *Date*

Additional comments: